


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90736 014 \*\*\*150.00

**DOCUMENT # P23371**

1. Entity Name  
**J.F. DAY AND COMPANY, INC.**



Principal Place of Business  
**2820 6TH AVE SO  
BIRMINGHAM AL 35233**

Mailing Address  
**P.O. BOX 10368  
BIRMINGHAM AL 35202-7368**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

Name  
Street Address (if different)  
City

4. FEI Number **63-0055795**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	DAY, III, J. FRANK	2820 6TH AVENUE SOUTH	BIRMINGHAM AL	<input type="checkbox"/>
VD	EVANS, ROBERT B	2820 6TH AVENUE SOUTH	BIRMINGHAM AL	<input type="checkbox"/>
C	SCOTT, RICHARD	2820 6TH AVE SO	BIRMINGHAM AL 35233	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
C	SUSAN L Burt	2820 6th Ave So	Birmingham AL 35233	<input checked="" type="checkbox"/>
VP	Day IV, J. Frank	2820 6th Ave South	Birmingham AL 35233	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-7-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)