

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000062068**

1. Entity Name

DAY SAIL LEASING COMPANY**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90049 025 ***150.00

Principal Place of Business

**2450 N.E. 135 STREET
APT 412
N. MIAMI FL 33181**

Mailing Address

**2450 N.E. 135 STREET
APT 412
N. MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0515185

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WALDERA, CHRISTOPHER B
6400 OVERSEAS HWY
MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEDDES, LILA M	
STREET ADDRESS	2228 DRAKESTONE	
CITY-ST-ZIP	COLORADO SPRINGS CO 80909	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WALDERA, CHRISTOPHER B	
STREET ADDRESS	1225 SE 2ND AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GEDDES, HAROLD G	
STREET ADDRESS	2450 NE 135TH ST, APT 412	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD G GEDDES

Date

4-19-01

Daytime Phone #

305-807-4616

CR2E034 (10/00)