

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 002 ***150.00

DOCUMENT # **P950000062507**

1. Entity Name

YOUR DAILY CARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1417 SADLER RD

1221 NATURES GATE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#209

City & State

City & State

FERNANDINA BEACH, FL

FERNANDINA BEACH FL

Zip **32034**

Country **USA**

Zip **32034**

Country **USA**

4. FEI Number

65-0626227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **JOHN A. KOVARIK**

Street Address (P.O. Box Number is Not Acceptable) **224 DATULA ST. SUITE 1013**

City **WEST PALM BEACH FL** Zip Code **33401**

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **JOY MIZELL**
STREET ADDRESS **1417 SADLER RD. #209**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **CHIEF EXECUTIVE OFFICER**
NAME **WILLIAM MICHAEL MIZELL**
STREET ADDRESS **5900 GRIFFITH WAY**
CITY-ST-ZIP **FREDRICKSBURG, VIRGINIA 22407**

TITLE **SECRETARY/TREASURER**
NAME **RANDA BUTLER**
STREET ADDRESS **1731 REGATTA DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOY P. MIZELL, Pres (Joy P. Mizell, Pres) 4/13/02

CR2E034B (12/01)