

2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030687

1. Entity Name

MAYFLOWER/DAILY ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 24 PM 3:57

Principal Place of Business
649 MIDIRON DRIVE
POINCIANA, FL (POLK SIDE)
KISSIMMEE FL 34759

Mailing Address

~~P.O. BOX 7490
WINTER HAVEN FL 33883
US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

649 midiron Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Kissimmee, FL

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

34759

FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAILY, GARY P
649 MIDIRON DR
KISSIMMEE FL 34759

Address Change!

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

Gary Daily

2/20/05

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME DAILY, GARY
STREET ADDRESS 649 MIDIRON DRIVE (POINCIANA)
CITY-ST-ZIP KISSIMMEE FL 34759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add
100047870311
03/08/05--01008--022 **150.00

TITLE VPS
NAME DAILY, LILLIAN
STREET ADDRESS 649 MIDIRON DRIVE (POINCIANA)
CITY-ST-ZIP KISSIMMEE FL 34759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073, Florida Statutes, and 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 and signed by the duly authorized officer 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 on the report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Daily

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05