

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

<b>DOCUMENT #</b> P97000020247	
<b>1. Entity Name</b> SOME DAY CORP.	

<b>Principal Place of Business</b> 14 LA VISTA DRIVE PONTE VEDRA BEACH FL 32082	<b>Mailing Address</b> 14 LA VISTA DRIVE PONTE VEDRA BEACH FL 32082
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<b>2. Principal Place of Business</b> 4122 Ponte Vedra Blvd. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4122 Ponte Vedra Blvd. Suite, Apt. #, etc.
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<b>City &amp; State</b> Jacksonville Bch, FL <b>Zip</b> 32250 <b>Country</b> USA	<b>City &amp; State</b> Jacksonville Bch, FL <b>Zip</b> 32250 <b>Country</b> USA
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<b>4. FEI Number</b> 59-3430024	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MANN, SEAN D 14 LA VISTA DRIVE PONTE VEDRA BEACH FL 32082	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 4122 Ponte Vedra Blvd. City Jacksonville Beach FL Zip Code 32250
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**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE DATE 11/20/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, SEAN D 14 LA VISTA DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, BONNIE O 14 LA VISTA DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800024949228 11/24/03--01019--024 **\$750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** **SIGNATURE REQUIRED** DATE 11/20/03 DAYTIME PHONE # 904-294-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)