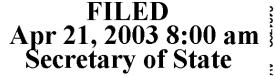
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000039110 **DOCUMENT #** 1. Entity Name DAYSTARTER FLORIDA, INC.



04-21-2003 91186 023 ***150.00

Principal Place of Business 127 NW 13TH ST SUITE C6 BOCA RATON FL 33432		Mailing Address 127 NW 13TH ST SUITE C6 BOCA RATON FL 33432					
2. Principal Place of Business		3. Mailing Address			- 	iiiio ioigi iiooi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0752018	_ 	oplied For ot Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered		-
or mand and mand of the mand o				Name			
LORIGAN, 215 SEAC	, Keith Crest Cir. N.		Street Address		P.O. Box Number is Not Acceptable)		
	BEACH FL 33444						
DEBUTT E				City	FL	Zip Code	e
	e named entity submits this statement for titions of registered agent.	the purpose of changing	ng its registere	ed office or register	red agent, or both, in the State of Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable.	(NOTE: Registered	I Agent signature required	d when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00 Fr May 1, 2003 Fee will be \$550.00		1		9. Election Campaign Financing	\$5.0	10 May Be
Make [®] Chec	k Payable to Florida Department of :	State			Trust Fund Contribution.		to Fees
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11
TITLE	P	☐ Delete	TITLE		TIODINO, OTO TICE OF TO CITE TAIL	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LORIGAN, KEITH J 127 NW 13TH ST SUITE C6 BOCA RATON FL 33432		NAME STREE	ł			
TITLE NAME STREET ADDRESS CITY#ST#ZIP###################################		☐ Delete		I		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE		,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	☐ Delete				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	•			Change	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 of trustee empowered to execute finis 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: