

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90107 017 ***150.00

DOCUMENT # P98000037778

1. Entity Name

EASTERDAY ENTERPRISES INCORPORATED ✓

Principal Place of Business

**302 HONEY LOCUST CT
 SEFFNER FL 33584
 US**

Mailing Address

**PO BOX 94
 VALRICO FL 33595-0094
 US**

2. Principal Place of Business

3107 Elderwood Pl

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Seffner, FL

City & State

4. FEI Number

59-3506523

Applied For
 Not Applicable

Zip

33584

Country

USA

Zip

Country

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

**EASTERDAY, SHERRY D
 302 HONEY LOCUST CT
 SEFFNER FL 33584**

Name

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

3107 Elderwood Pl

City

Seffner

FL

Zip Code

33584

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 re-appointing)

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, 2000 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	PCEO	<input type="checkbox"/> Delete
NAME	EASTERDAY, ROBERT D	
STREET ADDRESS	908 BALMORAL PLACE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VSTC	<input type="checkbox"/> Delete
NAME	EASTERDAY, SHERRY D	
STREET ADDRESS	908 BALMORAL PLACE	
CITY-ST-ZIP	VALRICO FL 33594	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3107 Elderwood Place	
STREET ADDRESS	Seffner, FL 33584	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3107 Elderwood Place	
STREET ADDRESS	Seffner, FL 33584	
CITY-ST-ZIP	Seffner, FL 33584	
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		
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)(f), 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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Easterday
 SHERRY EASTERDAY
 416100 813 6559574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY EASTERDAY
 416100 813 6559574
 Date: 5/30/00