2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90018 035 ***158.75

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DOCUMENT # P98000080145

1. Entity Name
FLORIDAYS, INC.

Principal Place of Business
621 EAST CAPE CORAL PKWY # 3-12
CAPE CORAL FL 33904

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
621 E. CAPE CORAL PKWY	621 E. CAPE CORAL PKWY # 3-12
Suite, Apt. #, etc. Suite 3-12	Suite, Apt. #, etc. Suite 3-12
City & State Cape Coral FL	City & State Cape Coral FL
Zip 33904 Country USA	Zip 33904 Country USA

4. FEI Number 65-0990522 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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
Robert J. La Rocco	Name Robert J. La Rocco
1505 SE 40th Street, Suite C	Street Address (P.O. Box Number is Not Acceptable) 621 Cape Coral Pkwy East
Cape Coral FL 33904	Suite 3-11
	City Cape Coral FL Zip Code 33904

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] Robert J. La Rocco 3-17-2000
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, 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	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOLFGANG SCHLAY		NAME		
STREET ADDRESS	621 CAPE CORAL PKWY E.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Wolfgang Schlay, President 3-17-2000