New Address!

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90192 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085193

1. Entity Name
HEY DAD, INC.

90058890

Principal Place of Business	Mailing Address
182 NEWPORT DRIVE APT #10 NAPLES, FL 34114	182 NEWPORT DRIVE APT #10 NAPLES, FL 34114

2. Principal Place of Business		3. Mailing Address	
927 TROPICAL BAY CT.		927 TROPICAL BAY CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES FL		City & State: NAPLES, FL	
Zip: 34120	Country: COLLIER	Zip: 34120	Country: COLLIER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3537201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLEY, MICHAEL R
2000 GLADES RD., SUITE 208
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MANUEL, JOSEPH R 182 NEWPORT DR #10 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MANUEL, JOSEPH R 927 TROPICAL BAY COURT NAPLES FL 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MANUEL, SUSAN K 182 NEWPORT DR #10 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MANUEL, SUSAN 927 TROPICAL BAY COURT NAPLES FL 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Joseph R. Manuel JOSEPH R. MANUEL MAR 17 03 239 695 2579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #