

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087466

1. Entity Name
JAMES M. DAYLOR, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90112 027 ***150.00

Principal Place of Business

203 BERMUDA BAY CIRCLE
PONTE VEDRA FL 32082

Mailing Address

203 BERMUDA BAY CIRCLE
PONTE VEDRA FL 32082

A0019923



2. Principal Place of Business

316 Plantation Circle
Suite, Apt. #, etc.

3. Mailing Address

316 Plantation Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach, FL
Zip 32082
Country St. Johns

City & State

Ponte Vedra Beach, FL
Zip 32082
Country St. Johns

4. FEI Number **59-3539943**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAYLOR, JAMES M
203 BERMUDA BAY CIRCLE
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name **DAYLOR, JAMES M.**

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

316 Plantation Circle

City **Ponte Vedra Beach**

FL

Zip Code **32082**

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

James M. Daylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

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, 2001 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

TITLE **D** ☐ Delete
NAME **DAYLOR, JAMES M**
STREET ADDRESS **203 BERMUDA BAY CIRCLE**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Daylor, James M.**
STREET ADDRESS **316 Plantation Circle**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

James M. Daylor **James M. Daylor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/01

Daytime Phone #

(904) 543-8881

CR2E034 (10/00)