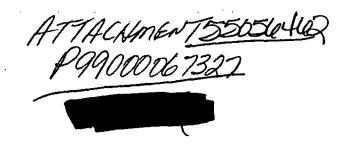
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Sep 12, 2003 8:00 am Secretary of State

DOCUMENT # P99000067327  1. Entity Name HIS DAYS; INC.  Principal Place of Business 1182 TAMIAMI TRAIL UNIT E MURDOCK FL 33948  Mailing Address 1182 TAMIAMI TRAIL UNIT E MURDOCK FL 33948						08-28-2003 9	90072 008	3 ***:	150.00	
2. Principal Place of Business 3. Mailing Address					-					1
Suite, Apt	#, etc.	Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	19-12304441			oplied For	]
Zip Country		Zip	Count	Ŋ	5.	Certificate of Status Desired			ditional	
	6. Name and Address of Current	Registered Agent			7. [	Name and Address of New Regi	atered Agen		<del></del>	Ĭ
- Aug				Name						
GUY, DONALD L 1182 TAMIAMI TRAIL, UNIT E MURDOCK FL 33948				Street Address	ess (P.O. Box Number is Not Acceptable)					
MUKUUU	K PL 33948	. •	.	City	<del></del>		FL 2	ip Cod	e	$\frac{1}{2}$
	named entity submits this statement for tions of registered agent,	the purpose of changing its	registered	d office or regist	ered ag	ent, or both, in the State of Florida		ar with.	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if a registering (NATE	. Barbarad	Agent signature requir		- Installant	DATE		<del></del>	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Fiorida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUY, DONALD L 6040 TAMIAMI TRAIL N #1 NAPLES FL 34108	□ Delata	NAME STREET CITY-S	ADDRESS				hange	Addition .	COSEO24 44/09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUY, CATHERINE M 8040 TAMIAMI TRAIL N #1 NAPLES FL 34108	☐ Delete	TITLE NAME STREET CITY-S	AUDRESS IT-ZIP				hange	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME: STREET CITY-S	ADDRESS T-ZIP		The second secon		hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET CITY-S	ADDRESS T-ZIP				hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Celets	TITLE NAME STREET CITY-ST	ADDRESS   I-ZIP			c	hange	Addition	
12. I hereby c indicated of the corr	ertify that the information supplied with I on this report or supplemental report is to poration or the receiver or trustee empoy	his filing does not qualify for t true and accurate and that my vered to execute this report a	he exemp	otion stated in Sie shall have the	ection 1 same le 7. Florid	19.07(3)(i), Florida Statutes, I furthegal effect as if made under oath; a Statutes; and that my name and	ner certify that that I am an opens in Block	t the in	formation or director Block 11 if	 

changed, or on an attachment with an address, with all other like empowered.





TOWN CENTER AUTO MALL • 1182 TAMIAMI TRAIL, UNIT E • MURDOCK, FL 33953 • (941) 743-2699

August 26, 2003

Division of Corporations
P O Box 1500
Tallahassee, Florida 32302-1500

Subject: Uniform Business Report

To Whom It May Concern:

Please consider waiving the late fee for this report as I did not receive any prior notice of the requirement.

Thank you for your consideration in this matter.

Respectfully:

Donald Guy, President

His Days, Inc