

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90142 001 \*\*\*150.00

DOCUMENT # P99000090873

1. Entity Name

LAZY DAYS, INC. HAMMOCKS & SWINGS

Principal Place of Business

Mailing Address

% ELIZABETH KEEDY  
7650 SW 59TH CT.  
MIAMI FL 33143

PO BOX 43-1151  
SOUTH MIAMI FL 33243

00048600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6270 West Flagler St.  
Suite, Apt. #, etc. #A12

PO BOX 43-1151

Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
South Miami FL

4. FEI Number 65-0991944

Applied For  
Not Applicable

Zip 33144

Country USA

Zip 33243

Country USA

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

KEEDY, ELIZABETH  
7650 SW 59TH CT  
MIAMI FL 33143

Name Martin Obando

Street Address (P.O. Box Number is Not Acceptable)  
6270 West Flagler Street

City Miami

FL

Zip Code 33144  
33243

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 *Elizabeth S. Keedy* ELIZABETH S KEEDY 4/23/01  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBANDO, MARTIN A 7650 SW 59TH CT MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gloria Porras 6270 West Flagler Street Miami, FL 33144	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FCEO KEEDY, ELIZABETH 7650 SW 59TH CT MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Founder/CEO Elizabeth Keedy 7650 SW 59TH CT Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Martin Obando 6270 West Flagler Street, 12A Miami, FL 33144	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elizabeth S. Keedy* Elizabeth S. Keedy 4/23/01 305-299-8712  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)