

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90026 003 ***150.00

DOCUMENT # S76843

1. Entity Name
DAYBARQUE, INC.

Principal Place of Business

**8885 DAVIS BLVD EXT
 NAPLES FL 34102
 US**

Mailing Address

**P O BOX 9339
 NAPLES FL 34101
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0288170

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

**STEPHEN MITTLER
 3440 DONOSO CT
 NAPLES FL 34109**

Name

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

2425 Ninth St., N.

City

NAPLES

FL

Zip Code

34103

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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, 2002 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 **PD** ☐ Delete
 NAME **MITTLER, STEPHEN A.**
 STREET ADDRESS **3440 DONOSO CT.**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
 NAME **2425 Ninth St., N**
 STREET ADDRESS **NAPLES, FL.**
 CITY-ST-ZIP **34103**

TITLE **VPD** ☐ Delete
 NAME **MITTLER, NANCY M**
 STREET ADDRESS **3440 DONOSO CT.**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
 NAME **10520 Honey Brook Circle**
 STREET ADDRESS **DULUTH, GA.**
 CITY-ST-ZIP **30097**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 941-571-0426

CR2E034 (9/01)