

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91265 009 \*\*\*150.00

05/24/02 AV

**DOCUMENT # F31857**

1. Entity Name

**DAVE SHIRK ENTRPRISES, INC.**

Principal Place of Business

P. O. BOX 5126  
 PO BOX 5126  
 SARASOTA FL 34277

Mailing Address

P. O. BOX 5126  
 PO BOX 5126  
 SARASOTA FL 34277

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

**59-2084185**

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

**SHIRK, DAVID M**  
**2492 WATERVIEW COURT**  
**SARASOTA FL 34231**

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.

SIGNATURE

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.

**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 **PVD**  Delete  
 NAME **SHIRK, DAVID M**  
 STREET ADDRESS **2492 WATERVIEW COURT**  
 CITY-ST-ZIP **SARASOTA, FL 00000**

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

TITLE **STD**  Delete  
 NAME **SHIRK, LAURA J**  
 STREET ADDRESS **2492 WATERVIEW COURT**  
 CITY-ST-ZIP **SARASOTA, FL 00000**

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

TITLE  Delete  
 NAME  Delete  
 STREET ADDRESS  Delete  
 CITY-ST-ZIP  Delete

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  Change  Addition  
 CITY-ST-ZIP  Change  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: *DAVID M. SHIRK Pres.*  
**DAVID M. SHIRK Pres.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**  
 Date

Daytime Phone #

CR2E034 (9/01)