

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-12-2002 90060 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074373

1. Entity Name
DAVE VANZWIETEN, INC.

Principal Place of Business Mailing Address

208 S. SWIETEN AVE. 208 S. SWIETEN AVE.
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444

2. Principal Place of Business 3. Mailing Address

208 S SWINTON AVE P.O. BOX 4514

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DELRAY BCH DEERFIELD BCH FL

Zip Country Zip Country

33444 Palm Bch 33442 Broward

43320

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KERLEW, MICHAEL
2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

4. FEI Number Applied For

69-1125361 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	VANZWIETEN, DAVE B	
STREET ADDRESS	208 S. SWIETEN AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DAVE VANZWIETEN** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02 **954 309 7607**

Date Daytime Phone #

CR2E034 (4/02)

~~Collect~~



1/28/02

43320

#0100074573

To Whom it MAY
Concern —

This is my first
year as a Corporation.
I was not aware
that I had to file
this earlier. Please
allow my payment
of \$100.

Thank you,
Dagay



43320

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

September 17, 2002

DAVE VANZWIETEN, INC.
PO BOX 4514
DEERFIELD BEACH, FL 33442

Subject: **DAVE VANZWIETEN, INC.**

Reference Number: **P01000074373**

/JN

ANNUAL REPORTS SECTION