

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078451

1. Entity Name

DAVE'S DELUXE RESTORATIVE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 16th St N

3. Mailing Address

900 16th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH

City & State

JACKSONVILLE BEACH, FL

Zip

FL 32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3755248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID G. SWANEY

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

900 16th St. North

City

JACKSONVILLE BEACH FL

Zip Code

32250

DO NOT WRITE IN THIS SPACE

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

David G. Swaney

(NOTE: Registered Agent signature required when reinstating)

DATE

11-4-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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/P/T/S	TITLE	
NAME	DAVID G. SWANEY	NAME	
STREET ADDRESS	900 16th St. N	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 #

11-4-02

CR2E034B (12/01)



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
FREDERICK J. REESE

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 31, 2002

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32302

Re: Dave's Deluxe Restorative Services, Inc. – 2002 Uniform Business Report
Doc. #: P01000078451

Dear Sir or Madam:

The above referenced Taxpayer never received any preprinted Uniform Business Report for the above referenced period. As soon as the client brought this to our attention we completed the attached form and are mailing with the filing fee. We request your assistance in abating the Late Filing Penalties concerning the 2002 Report. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "James K. Reese".

James K. Reese, EA.

Enclosures:
Check for \$150.00
2002 Uniform Business Report

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
OCT 31 2002