

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90058 016 \*\*\*150.00

**DOCUMENT # P93000061593**

1. Entity Name

**DAVID LEE SCHWARTZ, INC.**

Principal Place of Business

Mailing Address

8402 NW 57TH DR  
 CORAL SPRINGS FL 33067  
 BR

P O BOX 8367  
 CORAL SPRINGS FL 33075-8367

001200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5033 NW 112th Way

5033 NW 112th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Coral Springs, FL

4. FEI Number

65-0440779

Applied For

Not Applicable

Zip

Country

Zip

Country

33076

Broward

33076

Broward

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

SCHWARTZ, DAVID  
 8402 NW 57TH DR  
 CORAL SPRGS FL 33067

Name: David L. Schwartz

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

5033 NW 112th Way

City: Coral Springs FL Zip Code: 33076

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 L. Schwartz* David L. Schwartz, Pres 1-17-2000  
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, 2000 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: PSD  
 NAME: SCHWARTZ, DAVID  
 STREET ADDRESS: 8402 NW 57TH DR  
 CITY-ST-ZIP: CORAL SPRGS FL 33069  
 Delete  
*Address Change only ->*

TITLE: President  
 NAME: David L. Schwartz  
 STREET ADDRESS: 5033 NW 112th Way  
 CITY-ST-ZIP: Coral Springs, FL 33076  
 Change  Addition

TITLE: VP  
 NAME: ALICE J SCHWARTZ  
 STREET ADDRESS: 8402 NW 57TH DR  
 CITY-ST-ZIP: CORAL SPRGS FL 33069  
 Delete  
*Address Change only ->*

TITLE: VP  
 NAME: ALICE J. Schwartz  
 STREET ADDRESS: 5033 NW 112th Way  
 CITY-ST-ZIP: Coral Springs, FL 33076  
 Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
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TITLE: \_\_\_\_\_  
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 STREET ADDRESS: \_\_\_\_\_  
 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 L. Schwartz* David L. Schwartz PSP 1-17-2000 954/340-9551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)