

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01-

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

01-19-2001 90034 017 \*\*\*150.00

DOCUMENT # F18968

1. Entity Name

DAVID TEXTILE CORP.

Principal Place of Business

5879 NW 126TH TERR  
CORAL SPRINGS FL 33076  
US

Mailing Address

5879 NW 126TH TERR  
CORAL SPRINGS FL 33076  
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 59-2063546

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JULIA  
5879 NW 126TH TERR  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name: JEROME SCHNEIDER  
Street Address (P.O. Box Number is Not Acceptable):  
5879 NW 126TH TERR  
City: CORAL SPRINGS, FL 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

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, 2001 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

TITLE	PO	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, JULIA	
STREET ADDRESS	8040 BUTTWOOD CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SCHNEIDER, JEROME	<input type="checkbox"/> Delete
NAME	JEROME SCHNEIDER	
STREET ADDRESS	8040 BUTTWOOD CIRCLE	
CITY-ST-ZIP	TAMARAC, FL 33321	
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	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME SCHNEIDER	
STREET ADDRESS	8040 BUTTWOOD CIRCLE	
CITY-ST-ZIP	TAMARAC, FL 33321	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)