

1032

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # **315723**  
1. Entity Name  
**DAVID'S AUTOMOTIVE, INC.**



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 03**

2. Principal Place of Business  
**1612 SW 3rd AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1612 SW 3rd AVENUE**  
Suite, Apt. #, etc.

**600025733136**  
**12/23/03--01051--002 \*\*150.00**

DO NOT WRITE IN THIS SPACE

*MRS*

City & State  
**Fort Lauderdale FL**  
Zip  
**33315**  
Country  
**USA**

City & State  
**Ft Lauderdale FL**  
Zip  
**33315**  
Country  
**USA**

4. FEI Number  
**592685547**  
Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**DEAN FREEMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1612 SW 3rd AVENUE**  
City  
**Fort Lauderdale FL** Zip Code  
**33315**

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 *Dean Freeman* **DEAN FREEMAN, PRESIDENT** **12-18-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S, I, D</b> <b>DEAN FREEMAN</b> <b>1612 SW 3RD AVENUE</b> <b>Ft. Lauderdale FL 33315</b>
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Dean Freeman* **DEAN FREEMAN PRESIDENT** **12-18-03**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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DAVID'S AUTOMOTIVE, INC.  
1612 SW 3<sup>RD</sup> AVENUE  
FORT LAUDERDALE, FL 33315  
954-463-3815

December 17, 2003


Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Corporation Reinstatement  
David's Automotive, Inc. (J15723)

Dear Sir/Madam:

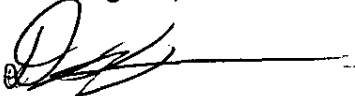
Pursuant to my conversation with Kathy in your office, the purpose of this letter is to request a waiver of the \$600.00 reinstatement fee.

I did not receive the 2003 Uniform Business Report from the Division of Corporations as it was mailed to my previous home address. Said address should have been corrected with the filing of our 2001 and 2002 Uniform Business Reports. However, the Division of Corporations continues to show said address in it's records.

 Please correct your records to reflect the addresses listed on the enclosed 2003 Uniform Business Report. Additionally I have enclosed the required \$150.00 for the filing of this Report.

If you have any questions or require any additional information please do not hesitate to contact me.

Best Regards,



Dean Freeman  
President

DSF/slf

enclosures