

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08196

1. Entity Name
DAVE'S QUALITY SERVICES, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90088 005 ***150.00

Principal Place of Business

1823 PICCADILLY CIRCLE
CAPE CORAL FL 33991
US

Mailing Address

1823 PICADILLY CIRCLE
CAPE CORAL FL 33991
US

C0040845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1912 Piccadilly Circle

Suite, Apt. #, etc.

1912 Piccadilly Circle

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33991

Country

USA

Zip

33991

Country

USA

4. FEI Number 65-0017218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GYDOSH, DAVID
1823 PICCADILLY CIR
CAPE CORAL FL 33991

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	GYDOSH, DAVID	
STREET ADDRESS	1823 PICCADILLY CIR	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VP	☐ Delete
NAME	GYDOSH, BONNIE	
STREET ADDRESS	1823 PICCADILLY CIR	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	T	☐ Delete
NAME	CLASSETTI, MICHAEL	
STREET ADDRESS	2006 SW 7TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change ☐ Addition
NAME	Gydosh, David	
STREET ADDRESS	1912 Piccadilly Circle	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE	VP	☒ Change ☐ Addition
NAME	Gydosh, Bonnie	
STREET ADDRESS	1912 Piccadilly Circle	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: Bonnie Gydosh Bonnie Gydosh 3/28/01 (941) 283-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)