

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003914

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: DAVID'S DOLLARS, INC.

Current Principal Place of Business:

5601 WINDHOVER DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5601 WINDHOVER DRIVE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3725614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARDER, MICHAEL E ESQ.
GREENSPOON, MARDER, HIRSCHFELD RAFKIN P.A.
135 W. CENTRAL BLVD., SUITE 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEIGEL, DAVID
Address: 5601 WINDHOVER DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: WALTRIP, MARK
Address: 5601 WINDHOVER DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: WALTRIP, KAREN
Address: 5601 WINDHOVER DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: ST () Delete
Name: DUGAN, TOM
Address: 5601 WINDHOVER DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIEGEL, DAVID A
Address: 5601 WINDHOVER DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. DUGAN

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04/26/2002

Electronic Signature of Signing Officer or Director

Date