

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33130

1. Entity Name

JIM BOOE #86 D A V A, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90100 031 ****61.25

Principal Place of Business

208 6TH STREET SOUTH
P. O. BOX 360
FLAGLER BEACH FL 32136

Mailing Address

208 6TH STREET SOUTH
P. O. BOX 360
FLAGLER BEACH FL 32136

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

59-2865807

Applied For

☒ Not Applicable

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

SEARS, ALICE F
14 FERDINAND LN
PALM COAST FL 32137

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 Alice F. SEARS
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS HAINES, KATHARINE A
CITY-ST-ZIP 77 BURBANK DRIVE
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS HAINES, KATHARINE A
CITY-ST-ZIP 21 Pathway Ct.
Daytona, Boh. Fl. 32119

TITLE ☐ Delete
NAME VP
STREET ADDRESS GIACONE, MARILYN
CITY-ST-ZIP 105 COCHISE CT.
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS POVLATIS, JOSEPHINE
CITY-ST-ZIP 146 COOKOUT DR
FLAGLER BEACH FL 32136

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS LORI Fielding
CITY-ST-ZIP 2220 S. CENTRAL Ave
Flagler Beach, Fl 32136

TITLE ☐ Delete
NAME SD
STREET ADDRESS SEARS, ALICE
CITY-ST-ZIP 14 FERDINAND LANE
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS JONAS, MAUREEN
CITY-ST-ZIP 22 ATLANTIO DR
PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS MARY E. SMITH
CITY-ST-ZIP Po Box 1506
Flagler Beach, Fl 32136

TITLE ☐ Delete
NAME T
STREET ADDRESS RIEMAN, IRENE
CITY-ST-ZIP P O BOX 352536
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

Alice F. SEARS 1-18-02 386-445-3011

CR2E037 (9/01)