

9/10/01-90055-047-\$550.00-\$550.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000028360**  
 1. Entity Name  
**DAVE SWEENEY PRINTING SALES, INC.**

Principal Place of Business      Mailing Address  
 7215 SW 3RD CT.      7215 SW 3RD CT.  
 N. LAUDERDALE FL 33068      N. LAUDERDALE FL 33068

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  
**65-0987939**      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  
 SWEENEY, DAVE      Name  
 7215 SW 3RD CT.      Street Address (P.O. Box Number is Not Acceptable)  
 N. LAUDERDALE FL 33068      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 registering)      DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.      ☐ **FILE NOW!!! FEE IS \$550.00**  
 (See criteria on back)      After September 12, 2001 Fee will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, DAVE 7215 SW 3RD CT. N. LAUDERDALE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, LORA 7215 SW 3RD CT. N. LAUDERDALE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 897, 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: *Dave Sweeney*      *Paul 2128*      *Check# 9-5-01, 954-726-4967*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Dave Sweeney 9-21-01*

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 01 SEP 25 PM 4:02



DO NOT WRITE IN THIS SPACE

CR20034 (5/01)