

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90184 014 ***150.00

NR0647 AV

DOCUMENT # P00000055716

1. Entity Name
THE DAVE SCHOOL, INC.



Principal Place of Business
**1000 UNIVERSAL STUDIOS PLAZA
B22A SUITE 218
ORLANDO FL 32819**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE FL 34744**



2. Principal Place of Business

3. Mailing Address

1000 Universal Studios Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

building 22A suite 218

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32819

USA

4. FEI Number

59-3650140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHEETZ, JEFFREY M
7248 WOODVILLE CRESCENT
ORLANDO FL 32819**

Name

Jeffrey M. Scheetz

Street Address (P.O. Box Number is Not Acceptable)

7303 Farington Court

City

Orlando

FL

Zip Code

32819

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SCHEETZ, JEFFERY M
7248 WOODVILLE CRESCENT
ORLANDO FL 32819** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey M. Scheetz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 224-3283

CR2E034 (10/02)