## 2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

Duilding

City & State

Zip

Suite, Apt. #, etc.

717 EAST OAK STREET

<u>1000 Universal Studios Pl</u>

Country

KISSIMMEE FL 34744

## **UNIFORM BUSINESS REPORT (UBR** P00000055716 **DOCUMENT #** 1. Entity Name THE DAVE SCHOOL, INC.

Principal Place of Business

2. Principal Place of Business

SCHEETZ, JEFFREY M

ORLANDO FL 32819

7248 WOODVILLE CRESCENT

the obligations of registered agent.

Country

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$150.00

**B22A SUITE 218** 

ORLANDO FL 32819

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

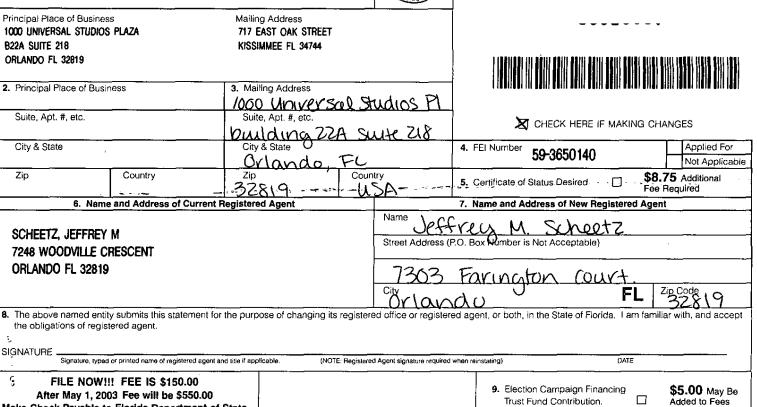
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CITY-ST-7IP

1000 UNIVERSAL STUDIOS PLAZA

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

01-27-2003 90184 014 \*\*\*150.00



	k Payable to Florida Department of State	i		Trust Fund Contribution.	☐ Added	to Fees
10.	OFFICERS AND DIRECTO	RS .	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS	7,2	☐ 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

CITY-ST-ZIP

SIGNATURE: \

Date