

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90006 043 ***150.00

DOCUMENT # **P00000074798**

1. Entity Name

DAVE'S MOBILE AUTOMOTIVE + A/C SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

113 N. FEDERAL HWY.

3. Mailing Address

113 N. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DANIA BEACH, FL.

City & State

DANIA BEACH, FL.

4. FEI Number

65-1035442

Applied For

Not Applicable

Zip

Country

33004

Zip

Country

33004

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GERALD ADAMS

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

113 N. FEDERAL HWY.

City

DANIA BEACH

FL

Zip Code

33004

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

- GERALD ADAMS - REG. AGENT 4-30-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so ☒
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **P.V., T.S., D.**
NAME **DAVID SUMMERS**
STREET ADDRESS **2706 S.W. 81ST. TERRACE**
CITY-ST-ZIP **DANIA, FL. 33228**

TITLE **D.**
NAME **GERALD ADAMS**
STREET ADDRESS **113 N. FEDERAL HWY.**
CITY-ST-ZIP **DANIA BEACH, FL. 33004**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 11 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 #

- GERALD ADAMS - DIRECTOR 4-30-02

CR2E034B (12/01)