

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061593

1. Entity Name

DAVID LEE SCHWARTZ, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90058 016 ***150.00

Principal Place of Business

Mailing Address

8402 NW 57TH DR
CORAL SPRINGS FL 33067
BR

P O BOX 8367
CORAL SPRINGS FL 33075-8367

001400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5033 NW 112th Way

5033 NW 112th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0440779

Applied For

Not Applicable

Zip

33076

Country

Broward

Zip

33076

Country

Broward

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

SCHWARTZ, DAVID
8402 NW 57TH DR
CORAL SPRGS FL 33067

Name David L. Schwartz

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

5033 NW 112th Way

City Coral Springs

FL

Zip Code 33076

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

David L. Schwartz

David L. Schwartz, Pres 1-17-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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 PSD
NAME SCHWARTZ, DAVID
STREET ADDRESS 8402 NW 57TH DR
CITY-ST-ZIP CORAL SPRGS FL 33069
☐ Delete
Address Change only

TITLE President
NAME David L. Schwartz
STREET ADDRESS 5033 NW 112th Way
CITY-ST-ZIP Coral Springs, FL 33076
☒ Change ☐ Addition

TITLE VP
NAME ALICE J SCHWARTZ
STREET ADDRESS 8402 NW 57TH DR
CITY-ST-ZIP CORAL SPRGS FL 33069
☐ Delete
Address Change only

TITLE VP
NAME ALICE J. Schwartz
STREET ADDRESS 5033 NW 112th Way
CITY-ST-ZIP Coral Springs, FL 33076
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 607, 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: David L. Schwartz David L. Schwartz PSP 1-17-2000 954/340-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)