

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057128

1. Entity Name
DAVES AUTOMOTIVE, INC.

Principal Place of Business

5019 N WESTSHORE BLVD
TAMPA FL 33614

Mailing Address

5019 N WESTSHORE BLVD
TAMPA FL 33614

2. Principal Place of Business

3926 W. Crest Ave

Suite, Apt. #, etc.

3. Mailing Address

3926 W. Crest Ave

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Country

Zip

33614

Country

4. FEI Number

59-3261161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRYE, DAVID A

5019 N WESTSHORE BLVD
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

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

3926 W. Crest Ave

City

Tampa

FL

Zip Code

33614

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

(NOTE: Registered Agent signature required when reinstating)

2/7/01
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, 2001 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

TITLE D ☐ Delete
NAME FRYE, DAVID A
STREET ADDRESS 5019 N WESTSHORE BLVD
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Delete
NAME BRIGHTMAN, RONALD W
STREET ADDRESS 5019 N WESTSHORE BLVD
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3926 W. Crest Ave.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3926 W. Crest Ave.
CITY-ST-ZIP

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

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

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

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 A Frie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 813-820-0035
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)