

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90021 009 \*\*\*150.00

**DOCUMENT # P94000057457**

1. Entity Name  
**DAVE'S BUTTONS &, INC.**



Principal Place of Business <b>23 COOLIDGE AVE.          23 COOLIDGE AVE., #D          ORMOND BEACH FL 32174          US</b>	Mailing Address <b>23 COOLIDGE AVE.          23 COOLIDGE AVENUE, #D          ORMOND BEACH FL 32174          US</b>
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3285441** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KNIGHT, SHERRY L.  
 23-D COOLIDGE AVE.  
 ORMOND BEACH FL 32174**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, SHERRY L.</b>
STREET ADDRESS	<b>23-D COOLIDGE AVENUE</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Signature Requires it*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/13/03** Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)

Attachment

80148841  
#P941000057457

**Seabreeze Bookkeeping & Tax Service**  
**441 S. Ridgewood Avenue**  
**Daytona Beach, Florida 32114**  
**Telephone: (386) 258-5880**

Thursday, September 11, 2003

Uniform Business Report  
Florida Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Dave's Buttons & ,Inc.

To Whom It May Concern:

Our client did not receive the first Uniform Business Report. We are enclosing a check for \$150.00 and request that you abate any penalties. Thank you for your assistance.

Sincerely,



Susan L. Kidd  
Accountant