

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90005 012 ***150.00

DOCUMENT # P96000033208

1. Entity Name
DAVE'S PLACE, INC.

Principal Place of Business: **2723 SILVER STAR RD ORLANDO FL 32808**
 Mailing Address: **2723 SILVER STAR RD ORLANDO FL 32808**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **59-3373921** Applied For: Not Applicable:

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEUTZ, DAVID
4625 SLOEWOOD RD
MT DORA FL 32757

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.

SIGNATURE: _____ (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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	LEUTZ, DAVID L 4625 SLOEWOOD DRIVE MOUNT DORA FL 32757-7226	TITLE: _____	_____
TITLE: VP	LEUTZ, DUANE A 2219 ASHLAND BLVD ORLANDO FL 32808	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____

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 LEUTZ* **DAVE LEUTZ** Date: **4/29/01** Daytime Phone #: **407-294-3472**

DOCUMENT

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In april I had two checks come up missing and one was to pay this bill. I called a man named Andy, in your office, to check if he received it, he said he didn't. He suggested I write this note and re mail the check and the copy I had on the original. He also said I should have an original signature on the copy. Any problems call 407-294-3472 ask for Dave.