

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091518

1. Entity Name

DAVID L. SWEAT, P.A.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90878 036 ***150.00

Principal Place of Business

Mailing Address

433 SILVERBEACH AVE
102
DAYTONA BEACH FL 32118
US

P.O BOX 2021
DAYTONA BEACH FL 32118-7104
US

2. Principal Place of Business

3. Mailing Address

866 Millers Way
Suite, Apt. #, etc.

866 Millers Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pt. Orange, FL

Pt. Orange, FL

Zip
32127

Country

US

Zip
32127

Country

US

4. FEI Number

59-3390941

Applied For

Not Applicable

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

SWEAT, DAVID L
433 SILVERBEACH AVE
SUITE 102
DAYTONA BEACH FL 32118

Name
DAVID L. SWEAT
Street Address (P.O. Box Number is Not Acceptable)

866 Millers Way
City
Pt. Orange FL Zip Code
32127

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)

4/26/00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWEAT, DAVID L
433 SILVERBEACH AVE., SUITE 102
DAYTONA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVID L SWEAT
866 Millers Way
PT ORANGE, FL. 32127 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (904) 988-7700
Date Daytime Phone #

CR2E034 (9/99)