

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000069773**

1. Entity Name

**DAVID'S FORMAL WEAR & ALTERATIONS, INC.**

Principal Place of Business

**1105-B SOUTH 8TH ST.  
FERNANDINA BCH FL 32034**

Mailing Address

**1105-B SOUTH 8TH ST.  
FERNANDINA BCH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3529696**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FUTRELL, BETTY C  
1105-B SOUTH 8TH ST.  
FERNANDINA BCH FL 32034**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

**PSTD  
FUTRELL, BETTY C  
1807 BEECH ST.  
FERNANDINA BCH FL 32034**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CR2002/4/02

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 Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-02

321-1395

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90197 017 \*\*\*550.00



DO NOT WRITE IN THIS SPACE