

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99 0000 33450**

1. Entry Name *

DENNIS DAVERN'S CUSTOM BRUSHING

Principal Place of Business

Mailing Address

**35 SANFORD ST
ST AUGUSTINE, FL 32084**

2. Principal Place of Business

3. Mailing Address

35 SANFORD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

4. FEI Number

65-0929989

Applied For

Not Applicable

Zip

32084

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0062734

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, GERALD J
113 N. FEDERAL HWY
DANIA, FL 33004**

Name

EDWARD FLAXMAN

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

6664 CONCH COURT

City

BOXTON BEACH

FL

Zip Code

33437

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

Edward Flaxman

EDWARD FLAXMAN

4/17/01

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 \$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	PVT <input type="checkbox"/> Delete
NAME	DENNIS DAVERN
STREET ADDRESS	35 SANFORD ST
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GERALD ADAMS
STREET ADDRESS	113 N. FEDERAL HWY
CITY-ST-ZIP	DANIA BEACH, FL 33004
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	

12. 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	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD ADAMS
STREET ADDRESS	113 N. FEDERAL HWY
CITY-ST-ZIP	DANIA BCH, FL 33004
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	

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/17/01 X 901-829-3063
Date Daytime Phone #

CR2E034 (11/00)