

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90031 030 \*\*\*158.75

**DOCUMENT # P99000090400**

1. Entity Name

**DAVID STACY OF FLORIDA, INC.**

Principal Place of Business

**916 N. MASSACHUSETTS AVE.  
 LAKELAND FL 33801**

Mailing Address

**9915 ADAMO DR. EAST  
 TAMPA FL 33619**

2. Principal Place of Business

**4315 US 19 NORTH**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LAKELAND, FL**

City & State

4. FEI Number

**59-3613521**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TAYLOR, J. SCOTT**

**2909 WEST BAY-TO-BAY BLVD., STE. 403  
 TAMPA FL 33629**

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

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, 2002 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** ☒ Delete  
 NAME **SEIDMAN, LEE**  
 STREET ADDRESS **2549 SNOWBERRY LN**  
 CITY-ST-ZIP **PEPPER PIKE OH 44124**

TITLE **VICE PRESIDENT & SECRETARY** ☐ Change ☒ Addition  
 NAME **DAVID VERA**  
 STREET ADDRESS **2407 VALRICO FOREST DR**  
 CITY-ST-ZIP **VALRICO, FL 33554**

TITLE **T** ☐ Delete  
 NAME **WENDKOS, JOHN**  
 STREET ADDRESS **9915 ADAMO DR.**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **PRESIDENT & TREASURER** ☒ Change ☒ Addition  
 NAME **JOHN WENDKOS**  
 STREET ADDRESS **9915 ADAMO DR**  
 CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **AS** ☐ Delete  
 NAME **MCGUCKEN, MARY BETH**  
 STREET ADDRESS **6307 CHAUNCY ST.**  
 CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)