

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90182 036 ***158.75

DOCUMENT # P99000090400

1. Entity Name
DAVID STACY OF FLORIDA, INC.



Principal Place of Business
4135 US 19 NORTH
LAKELAND FL 33809

Mailing Address
9915 ADAMO DR. EAST
TAMPA FL 33619

2. Principal Place of Business
4315 U.S. Highway 98 N.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State

4. FEI Number **59-3613521**

Applied For
Not Applicable

Zip **33809-3822**
Country **U.S.A.**

Zip **Country**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TAYLOR, J. SCOTT
2909 WEST BAY-TO-BAY BLVD., STE. 403
TAMPA FL 33629

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	MCGUCKEN, MARY BETH	
STREET ADDRESS	6307 CHAUNCY ST.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	VERA, DAVID	
STREET ADDRESS	2407 VALRICO FOREST DR	
CITY-ST-ZIP	VALRICO FL 33554	
TITLE	PT	<input type="checkbox"/> Delete
NAME	WENDKOS, JOHN	
STREET ADDRESS	9915 ADAMO DR	
CITY-ST-ZIP	TAMPA FL 33619	
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		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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 #

ASS SEC 3-31-03 813-68-444

CR2E034 (10/02)