

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P99000093427

1. Entity Name

MICHAEL B. DAVID, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90150 040 \*\*\*150.00

Principal Place of Business

3991 POMPAÑO DRIVE S.E.  
ST. PETERSBURG FL 33705

Mailing Address

3991 POMPAÑO DRIVE S.E.  
ST. PETERSBURG FL 33705-4344

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3609314

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVID, MICHAEL B  
3991 POMPAÑO DRIVE S.E.  
ST. PETERSBURG FL 33705

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.

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, 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

TITLE	President & Treasurer	<input type="checkbox"/> Delete
NAME	Michael B David	
STREET ADDRESS	3991 Pompano Dr	
CITY-ST-ZIP	ST Petersburg, FL 33705	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Rob Norwood	
STREET ADDRESS	6718 10th Ave N	
CITY-ST-ZIP	ST Petersburg, FL 33710	
TITLE	Lonzy R. David Secretary	<input type="checkbox"/> Delete
NAME	3991 Pompano Dr	
STREET ADDRESS	ST Petersburg FL 33705	
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		
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		
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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: MICHAEL B. DAVID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 3608595

CR2034 (9/99)