

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90062 039 \*\*\*550.00

**DOCUMENT # S14576**

1. Entity Name

**DAV-PETCON, INC.**

Principal Place of Business

**1549 AVOCARDO AVE  
MELBOURNE FL 32935  
US**

Mailing Address

**P.O. BOX 360748  
MELBOURNE FL 32936  
US**

2. Principal Place of Business

**3530 Aurora Rd**

Suite, Apt. #, etc.

**M**

3. Mailing Address

**PO Bx 360748**

Suite, Apt. #, etc.

City & State

**Melbourne Fla**

City & State

**Melbourne Fla**

Zip

**32934**

Country

**Brevard**

Zip

**32936**

Country

**Brevard**

4. FEI Number

**59-3040409**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HOTTEL, DAVID G  
630.5 EAU GALLE BLVD.5  
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

**DAVID G. Hottel**

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

**3530 Aurora Rd**

City

**Melb Fla 32934**

**Melbourne Fla**

FL

Zip Code

**32934**

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 **DAVID G Hottel**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-29-00**

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, 2000 Min. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>HOTTEL, DAVID GARRETT</b>	
STREET ADDRESS	<b>PO BOX 360748 N/A</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32936</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>HOTTEL, DAVID GARRETT</b>	
STREET ADDRESS	<b>PO BOX 360748 N/A</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32936</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8-29-00**

Daytime Phone #

**321-**

CR2E034 (5/00)