

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

0115328 AT

**DOCUMENT # S14576**

1. Entity Name

**DAV-PETCON, INC.**

Principal Place of Business

**3530 AURORA ROAD  
 MELBOURNE FL 32934  
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**PO BOX 360748**

Suite, Apt. #, etc.

**574 SOULX AVE**

Suite, Apt. #, etc.

**Melb Fla**

City & State

**Melb Fla**

City & State

**Melb Fla**

Zip

**32934**

Country

**USA**

Zip

**32936**

Country

**USA**

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  
 3530 AURORA ROAD  
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

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

**574 SOULX AVE**

City

**Melb**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-2-01**

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 12, 2001 Fee 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** ☐ Delete  
 NAME **HOTTEL, DAVID GARRETT**  
 STREET ADDRESS **PO BOX 360748 N/A**  
 CITY-ST-ZIP **MELBOURNE FL 32936**

TITLE **ST** ☐ Delete  
 NAME **HOTTEL, DAVID GARRETT**  
 STREET ADDRESS **PO BOX 360748 N/A**  
 CITY-ST-ZIP **MELBOURNE FL 32936**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2-01**

Date

Daytime Phone #

CR2E034 (5/01)