

2002, UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90106 043 ***550.00

DOCUMENT # V00898

1. Entity Name
DAVID SUKER, INC.

Principal Place of Business
5204 S. DIXIE HWY
W PALM BEACH FL 33405

Mailing Address
5204 S. DIXIE HWY
W PALM BEACH FL 33405

2. Principal Place of Business
15923 82ND ST. N
 Suite, Apt. #, etc.

3. Mailing Address
15923 82ND ST. N
 Suite, Apt. #, etc.

City & State
LOXAHATCHEE, FL
 Zip
33470
 Country
PB

City & State
LOXAHATCHEE, FL
 Zip
33470
 Country
PB

4. FEI Number **65-0316250**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUKER, DAVID E.
5204 S. DIXIE HWY
W PALM BEACH FL 33405

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SUKER, DAVID	
STREET ADDRESS	5204 S. DIXIE HWY	
CITY-ST-ZIP	W. PALM BEACH FL	
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		
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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 DAVID SUKER

9-11-02 (561) 685-5734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachments

HERBERT NERKLE
150 GREGORY ROAD
WEST PALM BEACH, FLORIDA 33405
(561) 582-6227

280908

9-11-08

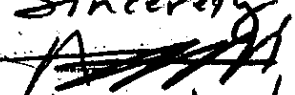
#000898

DIVISION of Corporations
Uniform Business Report Filings re David Siker, Inc.
PO Box 1500
Tallahassee, FL 32301-1500

Gentlemen:

Please note the enclosed 2002 VBR for the above
referenced corporation along with the filing fee.

Thank you for making the needed changes. Please call
if needed.

Sincerely,

Herbert Nerkle