

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40548

1. Entity Name

DAVIDSON, NICK & CO., C.P.A.'S, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90022 041 ***150.00

Principal Place of Business

2400 TAMiami TR N
STE 303
NAPLES FL 34103
US

Mailing Address

2400 TAMiami TR N
STE 303
NAPLES FL 34103-4435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0160883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON, JAMES D.
2400 TAMiami TRAIL NORTH
STE 303
NAPLES FL 34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	DAVIDSON, JAMES D.	
STREET ADDRESS	10123 BOCA CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	☐ Delete
NAME	NICK, PAUL	
STREET ADDRESS	9790 WINCHESTER WOOD	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	☐ Delete
NAME	NICK, PAUL	
STREET ADDRESS	9790 WINCHESTER WOOD	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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: *James D. Davidson* JAMES D. DAVIDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/00

Date

941-261-8337

Daytime Phone #

CR2E034 (9/99)