2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90738 018 ***150.00

DOCUMENT # L40548

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

Principal Place of Business	Mailing Address
2400 TAMIAMI TR N STE 303 NAPLES FL 34103 US	2400 TAMIAMI TR N STE 303 NAPLES FL 34103 US

2. Principal Place of Business	3. Mailing Address
2400 TAMIAMI TRAIL N.	2400 TAMIAMI TRAIL N.
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip / Country 34103 / USA	Zip / Country 34103 / USA

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2400 TAMIAMI TRAIL N.
#201

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] JAMES D. DAVIDSON 4/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, JAMES D. 10123 BOCA CIRCLE NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NICK, PAUL 9790 WINCHESTER WOOD NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NICK, PAUL 9790 WINCHESTER WOOD NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED JAMES D. DAVIDSON 4/04/03 239-261-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #