

2001 UNIFORM BUSINESS REPORT (UBR)

0027282 AF

DOCUMENT # M00000001535

1. Entity Name
DAVIS AND BELLINSON, LLC

FILED
01 APR 30 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

30300 TELEGRAPH RD., SUITE 117 **30300 TELEGRAPH RD., SUITE 117**
BINGHAM FARMS MI 48025 **BINGHAM FARMS MI 48025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

370 EAST MAPLE RD. **370 EAST MAPLE RD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

3rd FLOOR **3rd FLOOR**

City & State City & State

BIRMINGHAM, MI **BIRMINGHAM, MI**

Zip Country Zip Country

48009 **USA** **48009** **USA**

4. FEI Number Applied For

38-3437512 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLINSON, JAMES
5740 HOLLYWOOD BLVD., STE 102
HOLLYWOOD FL 33021

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. (NOT Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLINSON, JAMES 30300 TELEGRAPH RD. STE. 117 BINGHAM FARMS MI 48025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, ROBERT S 30300 TELEGRAPH RD. STE. 117 BINGHAM FARMS MI 48025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLINSON, JAMES 370 EAST MAPLE RD 3rd FLOOR BIRMINGHAM, MI 48009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, ROBERT S. 370 EAST MAPLE RD 3rd FLOOR BIRMINGHAM, MI 48009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JAMES L. BELLINSON 4-27-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)