

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 007 ***150.00

DOCUMENT # P000000 69557 ✓
Entity Name
WILLIAM A. DAVIS ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
5114 BIG OAK RDS
Suite, Apt. #, etc.
City & State
ST. AUGUSTINE FL
Zip
32095 Country
ST. JOHNS

2. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3659833
Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
DAVID INTERNOSCIA
Street Address (P.O. Box Number is Not Acceptable)
3149 PONCE DE LEON BLVD
UNIT # 7
City
ST AUGUSTINE FL Zip Code
32084

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP
PD DAVIS, WILLIAM 5114 BIG OAK RD DR. S ST. AUGUSTINE FL 32095			

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Davis* Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/02** (904) 826-0578
City/State/Phone #