

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048074

1. Entity Name  
**SHAD DAVIS, INC.**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90191 023 \*\*\*150.00

Principal Place of Business  
**5100 TAMiami TRAIL NORTH SUITE 201  
NAPLES FL 34103**

Mailing Address  
**5100 TAMiami TRAIL NORTH SUITE 201  
NAPLES FL 34103**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**280 S. COLLIER BLVD**  
Suite, Apt. #, etc.  
**#202**  
City & State  
**MARCO ISLAND, FL**  
Zip Country  
**34134 COLLIER**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3514437** 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

**RIINA, SALVATORE V**  
**280 S COLLIER BLVD**  
**#202**  
**MARCO ISLAND FL 34145**

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 \_\_\_\_\_ (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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	RIINA, SALVATORE V	280 S COLLIER BLVD., #202	MARCO ISLAND FL 34145	<input type="checkbox"/>
VP	RIINA, JANET	280 S COLLIER BLVD., #202	MARCO ISLAND FL 34145	<input type="checkbox"/>
S	RIINA, JOHN	8 LAKEWOOD DR.	KATONAH NY 10536	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Salvatore Riina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-19-01*  
Date

Daytime Phone #

CR2E034 (10/00)