

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90150 010 ***150.00

DOCUMENT # **537829** ✓
1. Entity Name
DAVIDSON CAPITAL PARTNERS, INC

DO NOT WRITE IN THIS SPACE

642091

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6395 Mitchell Manor Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip Country
33156

4. FEI Number
05-0256842
Applied For
Not Applicable
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DAVIDSON, James W.**
Street Address (P.O. Box Number is Not Acceptable)
6395 Mitchell Manor Circle
City **MIAMI** FL Zip Code **33156**

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

9. 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**

11. OFFICERS AND DIRECTORS

TITLE
NAME **P DAVIDSON JAMES W.**
STREET ADDRESS **6395 Mitchell Manor Circle**
CITY-ST-ZIP **MIAMI FL 33156**

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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 on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 **(805) 669-0033**
Date Daytime Phone #

CR2E034B (12/01)