

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90066 013 \*\*\*150.00

USA2003 AV

DOCUMENT # **P02000035766**

1. Entity Name  
**M. DAVIS CORP.**



Principal Place of Business  
**1650 SAN PABLO ROAD**  
**2**  
**JACKSONVILLE FL 32224**

Mailing Address  
**1650 SAN PABLO ROAD**  
**2**  
**JACKSONVILLE FL 32224**



2. Principal Place of Business  
**2280 S. 3rd St.**  
Suite, Apt. #, etc.  
**2280**

3. Mailing Address  
**2280 S. 3rd St.**  
Suite, Apt. #, etc.  
**2280 S.T**

CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville Beach FL**  
Zip  
**32250** Country  
**USA**

City & State  
**Jacksonville Beach, FL**  
Zip  
**32250** Country  
**USA**

4. FEI Number **01-0649295**  
**01-0649295**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, MICHEALYN C**  
**1125 13TH AVENUE NORTH**  
**JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Leslie Bill**  
Street Address (P.O. Box Number is Not Acceptable)  
**2280 S. 3rd St.**  
City **Jacksonville Beach FL** Zip Code **32250**

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]* 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 **P**  Delete  
NAME **DAVIS, MARY W**  
STREET ADDRESS **1702 S. FIRST STREET**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **Leslie**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **CUSICK, LINDA J**  
STREET ADDRESS **35 FAIRWAY LANE**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **DAVIS, MARY W**  
STREET ADDRESS **1702 S. FIRST STREET**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **S**  Change  Addition  
NAME **Leslie Bill**  
STREET ADDRESS **3853 Grand Blvd.**  
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-9-03** Daytime Phone # **904-241-2639**

CR2E034 (10/02)