

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 147526

1. Entity Name

J.B. DAVIS INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90098 011 ***150.00

Principal Place of Business

Mailing Address

420 LAKE SHORE DR
MADISON FL 32340

420 LAKE SHORE DR
MADISON FLA 32340-2742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0555659

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS JR, JAMES B
BASE & DUVAL STREET
MADISON FL 32340

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.

(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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
DAVIS JR, JAMES B
420 LAKESHORE DR
MADISON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
DAVIS, MARTHA O
420 LAKESHORE DR
MADISON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVIS, JAMES B III
420 LAKESHORE DR
MADISON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAUNDERS, MARTHA D
420 LAKESHORE DR
MADISON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DAVIS, HENRY N
420 LAKESHORE DR
MADISON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

James B. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00

850973.2215