

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90248 047 ***150.00

DOCUMENT # 187910

1. Entity Name

DAVIS AND ROBERTS, INC.

Principal Place of Business

**220 NORTH 6TH AVENUE
P.O. BOX 878
WAUCHULA FL 33873**

Mailing Address

**220 NORTH 6TH AVENUE
P.O. BOX 878
WAUCHULA FL 33873**

2. Principal Place of Business

228 North 6th Avenue

3. Mailing Address

228 North 6th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wauchula, Florida

City & State

Wauchula, Florida

Zip
33873

Country
Hardee

Zip
33873

Country
Hardee

4. FEI Number

59-0761056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, LAWRENCE, A.
1269 PINE COURT
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

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 **Thelma Pitts**

4/16/01

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, 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

TITLE **PD** ☒ Delete
NAME **DAVIS, H A**
STREET ADDRESS **RT. 1, MAXWELL ROAD**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **VD** ☐ Delete
NAME **PITTS, THELMA**
STREET ADDRESS **716 S. 7TH AVE.**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **SD** ☐ Delete
NAME **ROBERTS, L A**
STREET ADDRESS **1269 PINE COURT**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **T** ☐ Delete
NAME **ROBERTS, L.A.**
STREET ADDRESS **1269 PINE COURT**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Roberts, L.A**
STREET ADDRESS **1269 Pine Court**
CITY-ST-ZIP **Wauchula, Florida**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Thelma Pitts**
STREET ADDRESS **716 South 7th Avenue**
CITY-ST-ZIP **Wauchula, Florida**

TITLE **T** ☒ Change ☐ Addition
NAME **Thelma Pitts**
STREET ADDRESS **716 South 7th Ave**
CITY-ST-ZIP **Wauchula, Florida**

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

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

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:

Thelma Pitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

(863) 773-4101

Daytime Phone #

CR2E034 (10/00)