

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 303881

1. Entity Name

DAVIS AND GAINES, INC.

Principal Place of Business

50 EAST 1 ST. FROSTPROOF, FL
P.O. BOX 1010
BABSON PARK FL 33827

Mailing Address

50 EAST 1 ST. FROSTPROOF, FL
P.O. BOX 1010
BABSON PARK FL 33827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1140089

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

DAVIS, EARLY N, JR
244 MASTERPIECE ROAD
LAKE WALES FL 33853

Delete

Name

William L. Davis

Street Address (P.O. Box Number is Not Acceptable)

933 Country Lake Circle

Lake Wales, FL 33853

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, 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 DS ☒ Delete
NAME DAVIS, EARLY N.
STREET ADDRESS 244 MASTERPIECE ROAD
CITY-ST-ZIP LAKE WALES FL

TITLE Frances Stebbins Sec ☐ Change ☒ Addition
NAME
STREET ADDRESS 82 Stebbins Drive
CITY-ST-ZIP Winter Haven, FL 33884

TITLE PD ☐ Delete
NAME GAINES, STELLA D
STREET ADDRESS 1405 DOLIVE DR
CITY-ST-ZIP ORLANDO, FL 00000

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

TITLE VTD ☐ Delete
NAME DAVIS, WILLIAM LEE
STREET ADDRESS 933 COUNTRY LAKE CIR
CITY-ST-ZIP LAKE WALES FL

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

TITLE D, Asst. Sec. ☐ Delete
NAME POPE, PAMELA G
STREET ADDRESS 4237 WINDERLAKES
CITY-ST-ZIP ORLANDO FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/01

Date

(863) 635-4881

Daytime Phone #

0529766

CR2E034 (10/00)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90180 012 ***150.00

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DO NOT WRITE IN THIS SPACE