

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**  
 05-09-2000 90094 023 \*\*\*150.00

**DOCUMENT # 509050**

1. Entity Name  
**JAMES W. DAVIS, D.D.S., P.A.**

Principal Place of Business 2211 NE 36TH ST 102 LIGHTHOUSE POINT FL 33064 US	Mailing Address 2211 N. E. 36TH ST. 102 LIGHTHOUSE POINT FL 33064-7537 US
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2. Principal Place of Business 111 POND AVE. Suite, Apt. #, etc. <b>A 7</b> City & State <b>STEVENSVILLE, MT</b> Zip <b>59870-6486</b> Country <b>U S A</b>	3. Mailing Address 111 POND AVE Suite, Apt. #, etc. <b>A7</b> City & State <b>STEVENSVILLE, MT</b> Zip <b>59870-6486</b> Country <b>U S A</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1679351</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**DAVIS, JAMES W**  
**2211 N. E. 36TH ST.**  
**102**  
**LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent  
 Name  
**DANIEL R RASK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3170 N FEDERAL HWY,**  
**STE 216**  
 City  
**LIGHTHOUSE POINT** **FL** Zip Code  
**33064**

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 **DANIEL R. RASK, C.P.A.** **4/21/00**  
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	PD	<input type="checkbox"/> Delete	
NAME	DAVIS, JAMES W		
STREET ADDRESS	3501 N.W. 71ST ST.		
CITY-ST-ZIP	COCONUT CREEK FL 33073		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JAMES W		
STREET ADDRESS	111 POND AVE, STE A-7		
CITY-ST-ZIP	STEVENSVILLE, MT 59870-6486		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(j), 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 W. DAVIS, PRESIDENT** **4/26/2000** **777-2457**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)