

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90469 014 ***150.00

DOCUMENT # 509050

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



Principal Place of Business

111 POND AVE

A 7

STEVENSVILLE MT 59870-6486

US

Mailing Address

111 POND AVE

A 7

STEVENSVILLE MT 59870-6486

US

2. Principal Place of Business

3900 PORCUPINE LANE

Suite, Apt. #, etc.

3. Mailing Address

3900 PORCUPINE LANE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

STEVENSVILLE, MT

City & State

STEVENSVILLE, MT

4. FEI Number **59-1679351**

Applied For

Not Applicable

Zip

Country

59870

US

Zip

Country

59870

US

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

RASK, DANIEL R

3170 N FEDERAL HWY

STE 216

LIGHTHOUSE POINT FL 33064

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. I am familiar with, and accept the obligations of registered agent.

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
DAVIS, JAMES W
111 POND AVE, STE A-7
STEVENSVILLE MT 59870-6486**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3900 PORCUPINE LANE

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 OF REGISTERED AGENT JAMES W. DAVIS, D.D.S. 1/31/03 (406) 777-2457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)