

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531626

1. Entity Name

DAVIS DEVELOPMENT & INVESTMENT CO.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90385 018 ***150.00

Principal Place of Business

1801 ART MUSEUM DRIVE
SUITE 106
JACKSONVILLE FL 32207
US

Mailing Address

1801 ART MUSEUM DRIVE
SUITE 106
JACKSONVILLE FL 32207
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 Hendricks Avenue

Suite, Apt. #, etc.

3. Mailing Address

1620 Hendricks Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1809596

Applied For

Not Applicable

Zip

32207

Country

Zip

32207

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN C
1801 ART MUSEUM DRIVE SUITE 106
JACKSONVILLE FL 32207

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

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
NAME DAVIS, JOHN C
STREET ADDRESS 1801 ART MUSEUM DR STE 106
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE S
NAME DAVIS, CATHERINE L
STREET ADDRESS 1801 ART MUSEUM DR STE 106
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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: John C. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

446-01
Date

904-398-0053
Daytime Phone #

CR2E034 (10/00)