

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90047 035 ***150.00

DOCUMENT # 531848

1. Entity Name
RICHARD H. DAVIS, INC.

Principal Place of Business
24 NORTH CLEVELAND AVE.
FT. MEADE FL 33841

Mailing Address
24 NORTH CLEVELAND AVE.
FT. MEADE FL 33841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
219 NE 1st St.
 Suite, Apt. #, etc.

3. Mailing Address
219 NE 1st St.
 Suite, Apt. #, etc.

City & State
FORT MEADE, FL
 Zip
33841
 Country
BLK

City & State
FORT MEADE, FL
 Zip
33841
 Country
BLK

4. FEI Number
59-1720604

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, RICHARD H.
24 NORTH CLEVELAND AVE.
FT. MEADE FL 33841

7. Name and Address of New Registered Agent

Name
JOSEPH E DAVIS
 Street Address (P.O. Box Number is Not Acceptable)
219 NE 1st STREET
 City
FORT MEADE **FL** Zip Code
33841

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 *Joseph E Davis* (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RICHARD H. 24 N. CLEVELAND AVE. FT. MEADE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER JOSEPH E DAVIS 219 NE 1st St FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. & SECRETARY AUDREY M. DAVIS 219 NE 1st St FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph E Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

863-285-8184

Daytime Phone #

CR2E034 (9/01)