

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 593956

1. Entity Name

H. VERNON DAVIDS, P.A.

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90125 008 \*\*\*150.00

0405920

Principal Place of Business 165 W GREEN ST ENGLEWOOD FL 34223 US	Mailing Address 165 W GREEN ST ENGLEWOOD FL 34223 US
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00071993



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-1879036	Applied For
		Not Applicable

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  DAVIDS, H VERNON 165 W GREEN ST. ENGLEWOOD FL 34223
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDS, H VERNON 300 N. OXFORD DRIVE ENGLEWOOD, FL 0 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.
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SIGNATURE: <i>H. Vernon Davids</i>	6/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/00)

Attachment

LAW OFFICE OF  
H. VERNON DAVIDS, P.A.

590 Tamiami Trail, #1  
Port Charlotte, FL 33953  
Voice: (941) 764-8110  
Fax: (941) 764-8115

165 West Green Street  
Englewood, FL 34223  
Voice (941) 475-7922  
Fax (941) 475-6105

Please Reply to Port Charlotte

Doc. # 593956  
C6071993

June 13, 2001

To:  
Florida Department of State,  
Division of Corporations

I am the new bookkeeper for Mr. Davids. This bill was misplaced and I just found it. I don't know when it came in but when I went to pay the bills this week it was there. I don't know if it just came or has been here.

I would appreciate a waiver of the penalty because I may lose my job over this. Thank you for your consideration.

Elwyn Davids



Bookkeeper for the firm