

2001 UNIFORM BUSINESS REPORT (UBR)

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

06-20-2001 90125 008 ***150.00

DOCUMENT # 593956

1. Entity Name
H. VERNON DAVIDS, P.A.

(Handwritten: LA)

00071993



DO NOT WRITE IN THIS SPACE

Principal Place of Business 165 W GREEN ST ENGLEWOOD FL 34223 US		Mailing Address 165 W GREEN ST ENGLEWOOD FL 34223 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1879036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIDS, H VERNON 165 W GREEN ST. ENGLEWOOD FL 34223		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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.

SIGNATURE: H. Vernon Davs **6/13/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0405920

CR2E034 (10/00)

Attachment

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

Doc. # 593956
C6071993

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

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