

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # *617597*

1. Entity Name

Davis Smith & Associates, Inc.

FILED

03 NOV 25 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1403 Maclay Commerce Drive

3. Mailing Address

1403 Maclay Commerce Drive

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

Suite 15

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2905429

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Smith, Davis D.

Street Address (P.O. Box Number is Not Acceptable)

1403 Maclay Commerce Drive

Suite 15

City

Tallahassee

FL

Zip Code

32312

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

X Davis Smith

Davis D. Smith

11/20/03

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

*** Amended UBR is \$61.25**

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	<i>PST Smith, Davis 2044 Doomar Drive Tallahassee, FL 32308</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200025027088 11/25/03--01031--001 **70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>✓ Smith, Jo Ann 2044 Doomar Drive Tallahassee, FL 32308</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

X Davis Smith

Davis D. Smith 11/20/03 850 893-9906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)