

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90106 028 \*\*\*150.00

**DOCUMENT # 654064**

1. Entity Name  
**VALERIE J. DAVIS, P.A.**



Principal Place of Business  
**1938 RINGLING BLVD**  
**PO BOX 2487**  
**SARASOTA FL 34230**

Mailing Address  
**1938 RINGLING BLVD**  
**PO BOX 2487**  
**SARASOTA FL 34230**

2. Principal Place of Business  
**2677 S. Tamiami Tr.**

3. Mailing Address  
**Post Office Box 2487**

Suite, Apt. #, etc.  
**Suite 4**

Suite, Apt. #, etc.

City & State  
**Sarasota, FL 34239**

City & State  
**Sarasota, FL 34230**

4. FEI Number  
**59-2016987**

Applied For  
Not Applicable

Zip Country  
**34239 USA**

Zip Country  
**34230 USA**

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

**6. Name and Address of Current Registered Agent**

**DAVIS, VALERIE J**  
**1938 RINGLING BLVD**  
**SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**

Name  
**Valerie J. Davis**  
Street Address (P.O. Box Number is Not Acceptable)  
**2677 S. Tamiami Tr., Ste. 4**

City Zip Code  
**Sarasota FL 34239**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **PD DAVIS, VALERIE J**  
STREET ADDRESS **1938 RINGLING BLVD.**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **PD Valerie J. Davis**  
STREET ADDRESS **2677 S. Tamiami Tr. Ste. 4**  
CITY-ST-ZIP **Sarasota FL 34239**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 28, 2003**

Daytime Phone #

CR2E034 (10/02)