

FILED

Apr 03, 2002 8:00 am  
Secretary of State

04-03-2002 90034 027 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90797

1. Entity Name

DAVIS DISCOUNT FURNITURE, INC.

Principal Place of Business

% RONALD N DAVIS  
4406 N PALAFOX STREET  
PENSACOLA FL 32505

Mailing Address

% RONALD N DAVIS  
4406 N PALAFOX STREET  
PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-2219570

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYE M. DAVIS  
6 PINE TREE DRIVE  
GULF BREEZE FL 32561

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) ☒FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME DAVIS, RONALD N  
STREET ADDRESS 4406 N. PALAFOX ST  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE VD  
NAME DAVIS, JIMMY RAY  
STREET ADDRESS 3232 COPPER RIDGE CIRCLE  
CITY-ST-ZIP CANTONMENT FL ☐ DeleteTITLE STD  
NAME DAVIS, PAMELA A  
STREET ADDRESS 4406 N. PALAFOX ST  
CITY-ST-ZIP PENSACOLA FL ☐ DeleteTITLE PD  
NAME DAVIS, RAYE M  
STREET ADDRESS 6 PINE TREE DRIVE  
CITY-ST-ZIP GULF BREEZE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE: PAMELA DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

Date

850-434-3531

Daytime Phone #

CR2E034 (9/01)