

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005031

1. Entity Name

DAVIS INTERIORS SOUTHEAST, INC.

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90052 019 ***150.00

80025681



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1840 MEALTY STREET
ATLANTIC BEACH FL 32233**

Mailing Address

**1840 MEALTY STREET
ATLANTIC BEACH FL 32233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1127723

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WADE, CARL E
6640 BOWIE RD
JACKSONVILLE FL 32219**

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
PT GIBSON, ROBERT E
STREET ADDRESS
CITY - ST - ZIP
**7684 BULL RUN COURT
NORFOLK VA**

TITLE NAME ☐ Delete
VS METZGER, REXANNE D
STREET ADDRESS
CITY - ST - ZIP
**1338 CLONCURRY ROAD
NORFOLK VA**

TITLE NAME ☐ Delete
CD DAVIS, MARY D
STREET ADDRESS
CITY - ST - ZIP
**5611 SHOREWOOD LANE
NORFOLK VA**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL E. WADE

Date

Daytime Phone #

1/23/02 904-247-2333

CF2E034 (9/01)