

# 2001 UNIFORM BUSINESS REPORT (UBR) <sup>Amended</sup>

APPROVED  
AND  
FILED

OCT 16 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G57171

1. Entity Name

James N Davis Funeral Inc

Principal Place of Business

Mailing Address

5879 Moncrief Road P.O. Box 9041

2. Principal Place of Business

3. Mailing Address

3879 Moncrief Rd

P.O. Box 9041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32209 Duval

Duval

32208 Duval

Duval

4. FEI Number

59-2564383

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

James N. Davis SR  
4806 Locksley ave  
Jacksonville FL - 32208

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

OWNER  
James N. Davis  
5879 Moncrief Rd  
Jacksonville FL

TITLE ☒ Delete

Jane Buggs Davis

TITLE ☐ Delete

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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 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

Date

Daytime Phone #

James N. Davis SR Owner 10-14-01

904-7640653  
904-76485302

CR2E034 (11/00)