

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90304 016 ***150.00

DOCUMENT # H59030

1. Entity Name
DAVIS & DAVIS RESEARCH, INC.



Principal Place of Business
**8001 N. DALE MABRY HWY #401B
TAMPA FL 33614-0263**

Mailing Address
**8001 N. DALE MABRY HWY #401B
TAMPA FL 33614-0263**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
214 VAN GOGH CIRCLE

3. Mailing Address
214 VAN GOGH CIRCLE

City & State
BRANDON, FL

City & State
BRANDON, FL

4. FEI Number
59-2532003

Applied For
☐ Not Applicable

Zip
33511

Country
HILLSBOROUGH

Zip
33511

Country
HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRENE DAVIS
214 VAN GOGH CIRCLE
BRANDON FL 33511**

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

SIGNATURE *Irene Davis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
DAVIS, IRENE
214 VAN GOGH CIRCLE
BRANDON FL** ☐ Delete

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

TITLE
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CITY-ST-ZIP
**TD
DAVIS, IRENE
214 VAN GOGH CIRCLE
BRANDON FL** ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Irene Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/03 813-685-6834

CR2E034 (10/02)