

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **470788**

1. Entity Name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 AM 11:46

Principal Place of Business Mailing Address
Paul W. Davis International Corporation
9550 Regency Square Blvd. Ste 530
Jacksonville FL 32225

2. Principal Place of Business 3. Mailing Address
9550 Regency Sq Blvd **9550 Regency Sq Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 530 **Ste 530**
City & State City & State
Jacksonville **Jacksonville**
Zip Country Zip Country
32225 Duval **32225 Duval**

DO NOT WRITE IN THIS SPACE

4. FEI Number **592568862** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Davis, Paul W.
301 Meadowfield Bluff Rd.
Yulee FL 32097

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, 2000 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	D.	<input type="checkbox"/> Delete
NAME	Paul W. Davis	
STREET ADDRESS	301 Meadowfield Bluff Rd	
CITY-ST-ZIP	Yulee FL 32097	
TITLE	A.	<input type="checkbox"/> Delete
NAME	Brenda M. Davis	
STREET ADDRESS	301 Meadowfield Bluff Rd	
CITY-ST-ZIP	Yulee FL 32097	
TITLE	N.	<input type="checkbox"/> Delete
NAME	D. Corey Slaver	
STREET ADDRESS	279 Meadowfield Bluff Rd	
CITY-ST-ZIP	Yulee, FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	300003196913--9
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	-04/05/00--01870-008
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

3-24-00 9047218881
Date Daytime Phone #

CR2E034 (9/99)