

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90234 035 \*\*\*150.00

**DOCUMENT # K25358**

1. Entity Name  
**DAVINGTON ASSOCIATES, INC.**



Principal Place of Business  
**239 ECHO CIRCLE  
FORT WALTON BEACH FL 32548**

Mailing Address  
**239 ECHO CIRCLE  
FORT WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2915618**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVIS, FREDDIE L  
239 ECHO CIRCLE  
FORT WALTON BEACH FL 32548**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, TANYA	
STREET ADDRESS	239 ECHO CIRCLE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, WANDA	
STREET ADDRESS	239 ECHO CIRCLE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, FREDDIE L	
STREET ADDRESS	239 ECHO CIRCLE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, FREDDIE L	
STREET ADDRESS	239 ECHO CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CONNIE J	
STREET ADDRESS	239 ECHO CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

10 Feb 03

850 862-9877

Date

Daytime Phone #