

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90067 007 ***150.00

DOCUMENT # K50933

1. Entity Name
DAVIS HOMES, INC.

Principal Place of Business

Mailing Address

**1111 NW 4TH AVE.
 DELRAY BCH FL 33444
 US**

**1111 NW 4TH AVE.
 DELRAY BCH FL 33444
 US**

2. Principal Place of Business

3. Mailing Address

1314 NEPTUNE DR

1314 NEPTUNE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2

2

City & State

City & State

Boynton Beach, Fla

Boynton Beach, Fla

Zip

Country

Zip

Country

33426

USA

33426

USA

6. Name and Address of Current Registered Agent

4. FEI Number **65-0086020**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

**DAVIS, DANIEL T.
 1111 NW 4TH AVE
 DELRAY BCH. FL 33444**

Name

Street Address (P.O. Box Number is Not Acceptable)

300 N.W. 12TH STREET

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **DPVT** ☐ Delete
 NAME **DAVIS, DANIEL T.**
 STREET ADDRESS **1111 N.W. 4TH AVENUE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **DAVIS, DANIEL T.**
 STREET ADDRESS **300 N.W. 12TH STREET**
 CITY-ST-ZIP **DELRAY BEACH, FLA. 33444**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

CR2E034 (10/00)