

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K86472

1. Entity Name

HOWARD DAVIS ASSOCIATES ARCHITECTS, P.A.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90047 039 ***150.00

Principal Place of Business
10 CATHEDRAL PL
ST AUGUSTINE FL 32084
US

Mailing Address
10 CATHEDRAL PL
ST AUGUSTINE FL 32084-4417
US

2. Principal Place of Business
10 Cathedral Place
Suite, Apt. #, etc.

3. Mailing Address
10 Cathedral Place
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip
32084

Country
USA

Zip
32084

Country
USA

4. FEI Number
59-1834636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, HOWARD
10 CATHEDRAL PLACE
ST AUGUSTINE FL 32084

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 _____ (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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, HOWARD			NAME			
STREET ADDRESS	10 CATHEDRAL PLACE			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, HOWARD			NAME			
STREET ADDRESS	10 CATHEDRAL PLACE			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: HOWARD DAVIS

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(904) 824-0471

Daytime Phone #