

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98903

1. Entity Name

C.W. DAVIS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90017 038 \*\*\*158.75

Principal Place of Business

C/O CHARLES W. DAVIS  
202 BUCK DR  
FT WALTON BCH FL 32548  
US

Mailing Address

C/O CHARLES W. DAVIS  
202 BUCK DR  
FT WALTON BCH FL 32548-5060  
US

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

59-2955493  
72-1335005

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, CHARLES W  
202 BUCK DR  
FT WALTON BCH FL 32548

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIS, CHARLES W.  
202 BUCK DR  
FT WALTON FL 32548 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Charles W. Davis, President

4/37/00

Date

890/301-0510

Daytime Phone #

CR2E034 (9/99)

198405 653888

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

DUE DATE

PENALTY AFTER DATE

04/01/2000

04/30/2000

C W DAVIS INC  
MCDONALDS

TAX DATE

**.0000**

F.E.I. NUMBER

59-2955493

SKC CODE

5810

MM/DD/YYYY

DO NOT MAKE ANY CHANGES ON THIS FORM. IF CHANGES ARE NEEDED  
COMPLETE THE ENCLOSED EMPLOYER ACCOUNT CHANGE FORM (UCS-3).

Form **941**  
(Rev. January 2000)  
Department of the Treasury  
Internal Revenue Service (1)

▶ See separate instructions for information on completing this return.

ZK 59-2955493

Please type or print.

Enter state code for state in which deposits were made ONLY if different from state in address to the right (see page 2 of instructions).

OMB No. 1545-0029

066252\*\*\*\*\* AUTO CR \*\* C-001  
MAR 20 00 507

MAR2000 507

C W DAVIS INC

C W DAVIS INC  
202 BUCK DR NE

EDD BUCK DR NE  
FT WALTON BCH FL 32548-5060

073-0018

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FF

FD

FP

1

I

If address is different from prior return, check here ►

IRS Use

A diagram of a 100-cell grid, consisting of 10 rows and 10 columns. The cells are arranged in a grid where the number of cells in each row is indicated by a number above the row. The numbers are: Row 1: 1, Row 2: 1, Row 3: 1, Row 4: 1, Row 5: 1, Row 6: 1, Row 7: 1, Row 8: 1, Row 9: 1, Row 10: 2, Row 11: 3, Row 12: 3, Row 13: 3, Row 14: 3, Row 15: 3, Row 16: 3, Row 17: 3, Row 18: 4, Row 19: 4, Row 20: 4, Row 21: 5, Row 22: 5, Row 23: 5. The grid is divided into four sections by vertical lines, with the first section containing rows 1-10, the second containing rows 11-15, the third containing rows 16-20, and the fourth containing rows 21-23. The numbers 1-10 are placed above the corresponding rows, and the numbers 6-10 are placed below the corresponding rows.