

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90006 028 ****50.00

DOCUMENT # L02000001790

1. Entity Name

S. DAVIDSON & ASSOCIATES, LLC



Principal Place of Business

**3040 GRAND BAY BLVD., STE. 281
LONGBOAT KEY FL 34228**

Mailing Address

**3040 GRAND BAY BLVD., STE. 281
LONGBOAT KEY FL 34228**

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

80-0030378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAVIDSON, STEPHEN A
3040 GRAND BAY BLVD., STE. 281
LONGBOAT KEY FL 34228**

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 **STEPHEN A. DAVIDSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **President**
NAME **STEPHEN A. DAVIDSON**
STREET ADDRESS **3040 Grand Bay Blvd, STE 281**
CITY-ST-ZIP **Longboat Key, FL 34228**

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10. ADDITIONS/CHANGES

TITLE **President**
NAME **STEPHEN A. DAVIDSON**
STREET ADDRESS **3040 Grand Bay Blvd STE 281**
CITY-ST-ZIP **Longboat Key, FL 34228**

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/23/03 941-287-8735

CR2E083 (10/02)