

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38572

1. Entity Name

DAVIES INSURANCE SERVICES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90021 036 ***150.00

Principal Place of Business

Mailing Address

390-1 PONDELLA RD.
SUITE A
N. FT. MYERS FL 33903
US

P.O. BOX 60304
SUITE A
FT. MYERS FL 33906-6304
US

910010

2. Principal Place of Business

1620 MEDICAL LN #117

3. Mailing Address

P.O. Box 60304

Suite, Apt. #, etc.

#117

Suite, Apt. #, etc.

FT. MYERS

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33907

Country

LEE

Zip

33906

Country

LEE

4. FEI Number

65-0252812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIES, IVAN L., SR.
2243 GORHAM AVE
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

STAME

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

IVAN L. DAVIES SR

Ivan L. Davies Sr

1-26-00

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

TITLE PD
NAME DAVIES, IVAN L., SR.
STREET ADDRESS 2243 GORHAM AVE
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE VD
NAME DAVIES, CAROLYN L.
STREET ADDRESS 2243 GORHAM AVE
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-2000

941-277-1210