

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43968

1. Entity Name

GARY SCOTT DAVIS, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90054 030 ***150.00

Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD., 41ST FLOOR
MIAMI FL 33131
US

200 S. BISCAYNE BLVD., 41ST FLOOR
MIAMI FL 33131-2310
US

2. Principal Place of Business

3. Mailing Address

201 South Biscayne Blvd.

201 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2200

Suite 2200

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33131

USA

33131

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0170002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75* Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, GARY S
200 S. BISCAYNE BLVD., 41ST FLOOR
MIAMI FL 33131

Name

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

201 South Biscayne Blvd.

Suite 2200

City MIAMI

FL

Zip Code 33131

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

Gary Scott Davis GARY SCOTT DAVIS, President

(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 PSTD
NAME DAVIS, GARY S
STREET ADDRESS 200 S. BISCAYNE BLVD., 41ST FLOOR
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

201 South Biscayne Blvd. Ste 2200
MIAMI FL 33131

TITLE
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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

4/16/00

Date

305/347/6520

Daytime Phone #

CR2E034 (9/99)