

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90068 011 \*\*\*158.75

0150497 AV

**DOCUMENT # L87711**

1. Entity Name

**DAVEY PROPERTY SERVICES, INC.**

Principal Place of Business

**370 SE 10TH ST  
POMPANO BEACH FL 33060**

Mailing Address

**370 SE 10TH ST  
POMPANO BEACH FL 33060**

2. Principal Place of Business

**804 CYPRESS BLVD. #408**

3. Mailing Address

**804 CYPRESS BOULEVARD**

Suite, Apt. #, etc.

**#408**

Suite, Apt. #, etc.

**#408**

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

Zip

**33069**

Country

**BROWARD**

Zip

**33069**

Country

**BROWARD**

4. FEI Number

**65-0205365**

Applied For

Not Applicable

5. Certificate of Status Desired

**#**

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DAVEY, ROBERT W.**

**370 S.E. 10TH STREET — 804 CYPRESS BLVD #408  
POMPANO BEACH FL 33069  
33069**

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

*Robert W. Davey*

**3-6-2002**

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, 2002 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 **PT** ☐ Delete  
NAME **DAVEY, ROBERT W.**  
STREET ADDRESS **370 S E 10TH ST**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VPS** ☐ Delete  
NAME **DAVEY, MARIE W.**  
STREET ADDRESS **370 SE 10 STREET**  
CITY-ST-ZIP **POMPANO BEACH FL**

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

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:

*Robert W. Davey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-6-2002 954-590-3842**

AFTER 7-20-02

CR2E034 (9/01)