

2001 UNIFORM BUSINESS REPORT (UBR)

31

FILED

Apr 05, 2001 8:00 am
Secretary of State

03-23-2001 90039 017 ***150.00

DOCUMENT # P00000016198

1. Entity Name

ELIZABETH J. DAVIS, P.A.

Principal Place of Business

Mailing Address

201
#305 TOWN CENTER WEST
95 LAURA HAMILTON BLVD.
SANTA ROSA BEACH FL 32459

P.O. Box 2395
SANTA ROSA BCH, FL
32459
#305 TOWN CENTER WEST
95 LAURA HAMILTON BLVD.
SANTA ROSA BEACH FL 32459



DO NOT WRITE IN THIS SPACE

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

59-3638910

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

Name

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

City

FL

Zip Code

JOHNSON, MELISSA E ESQ.
151 REGIONS WAY
SUITE -A
DESTIN FL 32541

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, 2001 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, ELIZABETH J
#305 TOWN CENTER WEST, 95 LAURA HAMILTON BL
SANTA ROSA BEACH FL 32459

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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:

Elizabeth J. Davis ELIZABETH J. DAVIS

Date

Daytime Phone #

4-1-01 850-865-2975

CR2E034 (10/00)