

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079422

1. Entity Name

C. E. DAVENPORT & ASSOCIATES, INC.

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90218 006 ***550.00

Principal Place of Business

703 TIMBERWILDE AVE
WINTER SPRINGS FL 32708

Mailing Address

703 TIMBERWILDE AVE
WINTER SPRINGS FL 32708

A0075495

2. Principal Place of Business

174 SANFORD AVE

Suite, Apt. #, etc.

3. Mailing Address

174 SANFORD AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEBARY, FL

City & State

DEBARY, FL

4. FEI Number

EIN 59-3667647

Applied For

Not Applicable

Zip

32713

Country

USA

Zip

32713

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, CHARLES E JR
703 TIMBERWILDE AVE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

DAVENPORT, CHARLES E JR

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

174 SANFORD AVE

City

DEBARY

FL

Zip Code

32713

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

Charles E Davenport

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

(NOTE: Registered Agent signature required when reinstating)

6-25-2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

P
CHARLES E DAVENPORT, JR
174 SANFORD AVE
DEBARY, FL 32713

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:

Charles E Davenport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-2001 941-209-7321

Date

Daytime Phone #

00430005