

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91277 043 ***150.00

DOCUMENT # P00000080691

1. Entity Name
JACQULYN M. DAVIS ENTERPRISES, INC.

Principal Place of Business

~~1515 TWELFTH CT. SE~~
~~LARGO FL 33771~~

Mailing Address

POB 2467
LARGO FL 33779

51 ISLAND WAY #404
CLEARWATER, FL 33767

2. Principal Place of Business

51 ISLAND WAY

3. Mailing Address

Same

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

4. FEI Number

59-3676147

Applied For

Not Applicable

Zip

Country

33-767

FL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JACQULYN M
1515 TWELFTH CT. SE
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

SAME

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

51 ISLAND WAY #404

CLEARWATER

City

FL

Zip Code

33767

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, 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, JACQULYN M**
 CITY-ST-ZIP **1515 TWELFTH CT. SE**
LARGO FL 33771

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **51 ISLAND WAY #404**
 CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE ☐ Change ☐ Addition
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 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:

Jacquelyn M Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 (707) 415-8664

CR2E034 (9/01)