

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90196 014 ***150.00

DOCUMENT # P00000082130

1. Entity Name
DAVIS AUTOMOTIVE SERVICES, INC.



Principal Place of Business
3040 GULF TO BAY BLVD. #204
CLEARWATER FL 33759

Mailing Address
3040 GULF TO BAY BLVD. #204
CLEARWATER FL 33759

2. Principal Place of Business
110 State Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dade County, FL

City & State

Zip 334677 Country USA

Zip Country

4. FEI Number 59-3671965

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

CULLEM, JOHN P ESQ.
856 2ND AVENUE NORTH
ST. PETERSBURG FL 33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DAVIS, LISBETH A
STREET ADDRESS 3040 GULF TO BAY BLVD. #204
CITY-ST-ZIP CLEARWATER FL 33759

TITLE President
NAME Lisbeth A. Davis-Maged
STREET ADDRESS 110 State Street Suite D
CITY-ST-ZIP Dade County, FL 334677

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisbeth A. Davis-Maged
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 727-439-7828
Date Daytime Phone #

CR2E034 (10/02)