## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # P000000 88 244			05-02-2002 90119 027 ***150.00	
Davis Auto Wholesale, Inc.				
DO NOT WRITE	IN THIS SI	PACE		
2. Principal Place of Business 3426 Palm BEACH Blud				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
FORT MYERS, FL	City & State		4. FEI Number 65-1053244	Applied For Not Applicable
33916 Country USA	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
The the town which the training	عري المحالية المنطقة المحالية	Name 1	7. Name and Address of Current Registere	d Agent
DO NOT WHITE				
		ুন্ধ ি Street Address (	(P.O. Box Number is Not Acceptable)	
IN THIS SP	ACE.	3476 6	PALM Berch Blud	· <u></u>
		City	grad a	- Zip Code - 33916
8. The above named entry submits this statement for	the purpose of changing its		11-4-0-0-0	- 33916
o. The above ramed and south of the state of	the purpose of changing its	registered office of register	led agent, or both, in the State of Fichos.	フフーカー
, SIGNATURE Signature, typest or pointed name of registered agent an	d tale if applicable. (NOTE	MELV/H DAY  Registered Agent signature required	I-I	000
9. This corporation is eligible to satisfy its Intangible		lay 1 Fee is \$150.00	and Alba	
Tax filing requirement and elects to do so. ::-{See criteria on back}	Amende	1, Fee is \$550.00 d UBR is \$61.25 lie to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	⇒ \$5.00 May Be Added to Fees
11. OFFICERS AND D	The state of the s	1 A DA TATALA		· · · · · · · · · · · · · · · · · · ·
NAME PSOT EARL H DAVIS		TITLE .		
STREET ADDRESS 3426 PAIM BOACH	Blng	NAME STREET ADDRESS		
CITY-ST-ZIP FORT MYEAS, FC 33	1916	GTY-ST-ZIP 🤰		
MELVIN DAVIS	51.1	IME"		
NAME STREET ADDRESS 3426 PA-IM Bend	n Blud	STREET ADDRESS		
	33916	CITY-ST-ZIP		
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NAME -STREET ADDRESS		NAME STREET ADDRESS		的概念。
CITY-ST-ZIP		OTY-ST-ZIP	DO NOT WR	ITE - The state of
TITLE		INTE CONTRACTOR	IN THIS SPA	CF 3.30
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-S1-ZIP		CITY ST-ZIP		
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NAME STREET ADDRESS		NAME STREET ADDRESS		
-CITY-ST-ZIP		CITY-ST-ZIP		
NAME.		IIILE		
NAME. STREET ADDRESS		NAME STREET ADDRESS		
C(TY-ST-ZIP		CITY-ST-ZIP		
13. I hereby certify that the information supplied with the indicated on this report or supplemental report is the of the corporation on the receiver or trustee emporence.	his filing does not qualify for rue and accurate and that n wered to execute this repor	the exemption stated in Se ny signature shall have the s t as required by Chapter 60	ection 119.07(3)(i), Florida Statutes, Further or same legal effect as if made under oath; that to OX Florida Statutes; and that my name appears	ertify that the information I am an officer or director
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 eath; that I am an officer or director of the corporation on 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 on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dispense Phane of D				
MELVIN E DAVIS				