

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90198 004 ***150.00

DOCUMENT # *P00000088244*

1. Entity Name

Davis Auto Wholesale, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3426 Palm Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3426 Palm Beach Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0917292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Earl H. Davis

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

517 North East 24th Ave.

City

Cape Coral

FL

Zip Code

33909

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*Director
Earl H. Davis
517 North East 24th Ave
Cape Coral, FL 33909*

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*P.S.T.
Mel Davis
515 North East 24th Ave
Cape Coral, FL 33909*

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Earl H. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03 239-980-5000

Date

Daytime Phone #

CR2E034B (12/02)