

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-29-2001 90032 009 ***150.00

DOCUMENT # P00000101856

1. Entity Name

BRADFORD R. DAVIS, INC.

Principal Place of Business

**1221 AIRPORT RD., SUITE 10
DESTIN FL 32541**

Mailing Address

**1221 AIRPORT RD., SUITE 10
DESTIN FL 32541**

2. Principal Place of Business

1221 AIRPORT RD.

Suite, Apt. #, etc.

SUITE 210

City & State

DESTIN FL

Zip

32541

Country

OKALOOSA

3. Mailing Address

1221 AIRPORT RD.

Suite, Apt. #, etc.

SUITE 210

City & State

DESTIN

Zip

32541

Country

OKALOOSA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3677983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, BRADFORD R
1221 AIRPORT RD., SUITE 10
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

BRADFORD R. DAVIS

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

1221 AIRPORT RD.

SUITE 210

City

DESTIN

FL

Zip Code

32541

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, 2001 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 **D** ☐ Delete
NAME **DAVIS, BRADFORD R**
STREET ADDRESS **1221 AIRPORT RD., SUITE 10**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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:

B-D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 15 01

Date

850 654 8554

Daytime Phone #

CR2E034 (10/00)