

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90003 007 \*\*\*550.00

0066266 AV

**DOCUMENT # P00000105513**

1. Entity Name

**KENNETH W. DAVIS, D.C., P.A.**

Principal Place of Business

**2591 SOUTH UNIVERSITY DRIVE  
 DAVIE FL 33324**

Mailing Address

**2591 SOUTH UNIVERSITY DRIVE  
 DAVIE FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1054453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCENROE, TRACY P  
 3475 CARAMBOLA CIRCLE SOUTH  
 COCONUT CREEK FL 33066**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **PD** ☐ Delete  
 NAME **DAVIS, KENNETH W.**  
 STREET ADDRESS **2591 SOUTH UNIVERSITY DRIVE**  
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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  
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 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: [Signature]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/01**  
 Date

**(954) 424-8030**  
 Daytime Phone #

CR2E034 (5/01)

8/13/01

ATTACHMENT  
A0081494

To whom it may concern,

P00000105513

My name is Kenneth W. Davis. I just received the 2001 UniForm Business Report for the first time. It was stamped received July 3, 2001. After reading the information the fee required was \$550.00 because to my understanding it was late. The normal fee is ~~\$150.00~~ from my understanding. This was the first time I received any such form. I called your office and was told to put this in writing but to mail the check <sup>to</sup> your department and you would render a decision on this matter. Again I want to make it very clear that this was the first time I ever received such notice and it would make no sense to have to pay \$550.00 when I could afford only \$150.00. I hope this letter will help you in making a fair decision.

Thank you for your time,

Sincerely,

Kenneth W. Davis

P.S. If you should need to contact me in person I can be reached at  
(954) 424-8030