## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	P00000105513
1. Entity Name	
KENNETH W DAVIS D	AC PA



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90826 025 \*\*\*150.00

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	

2. Principal Place of Business 2337 South University Onive Suite, Apt. #, etc.	3. Mailing Address 10/45 Twin Suite, Apt. #, etc.	Lakes Orive		
Sity & State DAVIE, Florida	City & State Coral Springs	, Florida	4. FEI Number 65-1054453	Applied
Zip Country	33071	Country U.S.A	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		
MCENROE, TRACY-P		Name Street Address	(P.O. Box Number is Not Acceptable)	
3475 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066		Saect Address	(1.0. Box Number is Not Acceptable)	
		City		■∎ 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

SIGNATURE

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Zip Code

Applied For Not Applicable

Make Chec	k Payable to Florida Department of State			Trust Fund Contribution.	☐ Adde	d to Fees
10.	OFFICERS AND DIRECTOR	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, KENNETH W 2591 SOUTH UNIVERSITY DRIVE DAVIE FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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

Kenneth W. DAVIS