

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108618

1. Entity Name  
DAVIDSON A. BARLETT, P.A.

Principal Place of Business

9450 SW 81ST AVE.  
MIAMI FL 33156

Mailing Address

9450 SW 81ST AVE.  
MIAMI FL 33156

2. Principal Place of Business

7500 SW 59th Avenue  
Suite, Apt. #, etc.

Apt C-3

City & State

S. Miami, FL

Zip  
33143-5237

Country  
USA

3. Mailing Address

7500 SW 59th Avenue  
Suite, Apt. #, etc.

Apt C-3

City & State

S. Miami, FL

Zip  
33143-5237

Country  
USA

4. FEI Number

62-1837355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, DAVIDSON A  
9450 SW 81ST AVE.  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Barlett, Davidson A

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

7500 SW 59th Avenue Apt C-3

City S. Miami

FL

Zip Code

33143-5237

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

9/11/01

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 D  
NAME BARLETT, DAVIDSON A  
STREET ADDRESS 9450 SW 81ST AVE.  
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director  
NAME Barlett, Davidson A  
STREET ADDRESS 7500 SW 59th Avenue Apt C-3  
CITY-ST-ZIP S. Miami FL 33143-5237 ☒ Change ☐ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01

305 992-6706

FILED  
Sep 18, 2001 8:00 am  
Secretary of State

09-18-2001 90012 026 \*\*\*550.00

0046919 AV



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)