2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0100009890						FIĽËD		
1. Entity Name RON DAVIS ENTERPRISES, INC.						02 AUG 19 PH 3:35		
Principal Place	ea of Rusiness		Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 1841 SE 7 STREET POMPANO BEACH FL 33060		1841 SE 7 STREET POMPANO BEACH FL 33060			ALLA RIXILL, COMO	`		
2. Principal Pl	Place of Business		3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State		4.	4. FELNumber Applied For Not Applicable		
Zip	Coul	ntry	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Required	litional
	6. Name and A	ddress of Current Re	gistered Agent	Nome	7. 1	Name and Address of New Registered A	Agent	
COLEMAN, ANTHONY G JR 1841 SE 7 STREET				Name Street Address (P.O. Box Number is Not Acceptable)				
POMPANO) BEACH FL 3306	60		City		E1	Zip Code	e
. THE ADDVE	named entity submi	its this statement for th	ne purpose of changing its	registered office o	r registered ag	FL gent, or both, in the State of Florida.		
SIGNATURE _	ŕ	name of registered agent and	title if applicable. (NOTE	registered office o	ture required when re	einstating) DATE	<u> </u>	
SIGNATURE _ 9. This corpo Tax filing re (See criteria	Signature, typed or printed	name of registered agent and satisfy its Intangible cts to do so.	FILE NOW!! After May 1, 200 Make Check Payab	Pregistered Agent signary Present S \$150. Pres	ture required when re 00 550.00 t of State	einstating) DATE 10. Election Campaign Financing Trust Fund Contribution.	Added	0 May Be to Fees
9. This corpo Tax filing re (See criteri	Signature, typed or printed oration is eligible to s requirement and elec- ria on back)	name of registered agent and satisfy its Intangible cts to do so.	FILE NOW!! After May 1, 200 Make Check Payab	: Registered Agent signa ! FEE IS \$150. !2 Fee will be \$! !e to Departmen	00 550.00 t of State	einstating) DATE 10. Election Campaign Financing	Added DIRECTORS	to Fees S IN 11
9. This corpo Tax filing re (See criteri	Signature, typed or printed or action is eligible to sequirement and electria on back)	name of registered agent and satisfy its Intangible cts to do so. OFFICERS AND DIF	FILE NOW!! After May 1, 200 Make Check Payab	Pregistered Agent signary Present S \$150. Pres	ture required when re 00 550.00 t of State	einstating) DATE 10. Election Campaign Financing Trust Fund Contribution.	Added	to Fees
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9. This corpo Tex filing re (See criteri 11. TELE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed or ration is eligible to sequirement and electria on back) DAVIS, RONALD 1841 SE 7 STRE	name of registered agent and satisfy its Intangible cts to do so. OFFICERS AND DIF	FILE NOW!! After May 1, 200 Make Check Payab	PEE IS \$150. PEE I	00 550.00 t of State	einsteting) DATE 10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AND 500072833 -08/22/0201	DIRECTORS Change Change	B IN 11 Addition Addition
9. This corpo Tax filing re (See criteri 11. TATE NAME STREET ADDRESS	Signature, typed or printed or ration is eligible to sequirement and electria on back) DAVIS, RONALD 1841 SE 7 STRE	name of registered agent and satisfy its Intangible cts to do so. OFFICERS AND DIF	FILE NOW!! After May 1, 200 Make Check Payab RECTORS	PEE IS \$150. PEE I	00 550.00 t of State	einsteting) DATE 10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AND 500072833 -08/22/0201	☐ Added DIRECTORS Change	B IN 11 Addition Addition
9. This corpo Tax filing re (See criteri 11. TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed or ration is eligible to sequirement and electria on back) DAVIS, RONALD 1841 SE 7 STRE	name of registered agent and satisfy its Intangible cts to do so. OFFICERS AND DIF	FILE NOW! After May 1, 200 Make Check Payab RECTORS Delete	PREGISTER ADORESS CITY-ST-ZIP	00 550.00 t of State	einsteting) DATE 10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AND 500072833 -08/22/0201	DIRECTORS Change Change Change 325— 042—01 ****156	Addition Addition Addition
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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*

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

8/12/02 Attachment To Whom it May Concerned;

The REASON this is late is because the forms WERE misplaced, and wedidn't locate them Until now.

Redl & A.