

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 016 ***150.00

DOCUMENT # P01000026239

1. Entity Name

JOHN D. DAVIS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3207 BLOOMINGDALE VILLAS CT

Suite, Apt. #, etc.

3. Mailing Address

3207 BLOOMINGDALE VILLAS CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON

FLORIDA

City & State

BRANDON

FLORIDA

4. FEI Number

59-3707654

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL + UTRERA, P.A.

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

343 ALMERIA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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IN THIS SPACE**

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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
PSTD
JOHN D. DAVIS
3207 BLOOMINGDALE VILLAS CT
BRANDON FL 33511

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V. PSTD
TERRI L. DAVIS
3207 BLOOMINGDALE VILLAS CT.
BRANDON FL 33511

TITLE
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John D. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 813) 684-5455
Date Daytime Phone