

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90070 043 \*\*\*150.00

DOCUMENT # P01000057359  
1. Entity Name  
Greg DAVIS, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
504 Highview circle N  
Suite, Apt. #, etc.

3. Mailing Address  
504 Highview circle N  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BRANDON Florida

City & State  
BRANDON Florida

Zip  
33510 Country  
USA

Zip  
33510 Country  
USA

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
LARRY WESTCOTT II

Street Address (P.O. Box Number is Not Acceptable)  
504 Highview circle N

City  
BRANDON FL Zip Code  
33510

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] Westcott, Lawrence L II April 25-2002  
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)

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	<u>President</u> <u>Gregory L. DAVIS</u> <u>12221 Hidden Brook Dr</u> <u>TAMPA FL 33624</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>LARRY WESTCOTT II</u> <u>504 Highview Circle N</u> <u>BRANDON Florida 33510</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] Gregory L. DAVIS April 24, 2002 8136252965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)