

**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
Zip
33510
Country
USA

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

CR2E034B (12/01)