

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
 02-07-2002 90315 022 ***150.00

DOCUMENT # P01000090111

1. Entity Name
SCOTT PAUL DAVIS, P.A.

Principal Place of Business

**2804 W. PAXTON AVE.
 TAMPA FL 33611**

Mailing Address

**2804 W. PAXTON AVE.
 TAMPA FL 33611**

2. Principal Place of Business

4230 S. MacDill Ave

3. Mailing Address

4230 S. MacDill Ave

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Tampa FL

City & State

Tampa FL

Zip

33611

Country

United States

Zip

33611

Country

United States

4. FEI Number

59-3743364

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SISSON, LARRY

218 SOUTHERN COUNTRY LN.

QUINCY FL 32351

7. Name and Address of New Registered Agent

Name **Scott Paul Davis**

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

4230 South MacDill Ave

Suite 205

City **Tampa**

FL

Zip Code **33611**

a. 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 **Scott Paul Davis, President**

Signature, typed or printed name of registered agent and title if applicable

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/22/02

DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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** ☐ Delete
 NAME **DAVIS, SCOTT PAUL**
 STREET ADDRESS **2804 W. PAXTON AVE.**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Davis, Scott Paul**
 STREET ADDRESS **4230 South MacDill Ave Suite 205**
 CITY-ST-ZIP **Tampa, FL 33611**

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 **(813) 832-3408**
 Date Daytime Phone #

CR2EN34 (9/01)