

# 2004 FIDELITY CORPORATION ANNUAL REPORT

DOCUMENT # P01000090111

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



**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90008 042 \*\*\*150.00

Principal Place of Business  
4230 S MAC DILL AVE  
STE 1  
TAMPA, FL 33611

Mailing Address  
4230 S MAC DILL AVE  
STE 1  
TAMPA, FL 33611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-P CR2E034 (10/03)

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

SCOTT PAUL DAVIS  
4230 SOUTH MACDILL AVE  
TAMPA, FL 33611

7. Name and Address of New Registered Agent

Name **DAVIS, SCOTT PAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**4230 S. MACDILL AVE.**  
**SUITE I**  
City **TAMPA** FL Zip Code **33611**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scott Paul Davis* **SCOTT PAUL DAVIS**

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

(NOTE: Registered Agent signature required when reinstating)

1/6/04  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME DAVIS, SCOTT PAUL  
STREET ADDRESS 4230 S MACDILL AVE STE 1  
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - DIRECTOR** ☒ Change ☐ Addition  
NAME **DAVIS, SCOTT PAUL**  
STREET ADDRESS **4230 S. MACDILL AVE. SUITE I**  
CITY-ST-ZIP **TAMPA, FL 33611**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott Paul Davis* **SCOTT PAUL DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04  
Date

(813) 852-3908  
Daytime Phone #