2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000100592

1. Entity Name

CHARLES DAVIS, INC.



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90069 015 ***150.00

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Principal Place of Business				Mailing Address 10275 Colling 1600 PROSPERITY FARMS ROAD ANY \$735-					Ę					
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2. Principal Place of Business				3. Mailing Address							 	1914 14181 914	8 1811 8 1181 1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State				City	y & State				4. FEI Number 65-1147006			Applied For Not Applicat		-
Zip	Country			·Zip	<u>्रमञ्ज्ञासम् । स्वीतन्त्र</u>	ntry	5. Certificate of Status Desi				\$8.75 A Fee Requi			
	6. Name	and Addres	ed Agent		7. Name and Address of New F					Agent		7		
		· · · · · · · · · · · · · · · · · · ·		Name							٦			
SPIEGEL & UTRERA, P.A.							Street Address (P.O. Box Number is Not Acceptable)							
1840 SW 22ND ST.							Street Address (F.O. Dox Number is Not Acceptable)							
4TH FLOOR				<u>.</u>										1
MIAMI FL 33145							City				FL Zip Code			1
8. The above	named entity	y submits this	s statement for th	ne purp	oose of changing it	s register	ed office or re	egistere	ed age	ent, or both, in the State of Flor	ida. I am	familiar witl	n, and accept	1
	ions of regist													
SIGNATURE .	or printed name of	of registered agent and	title if app	plicable. (NO	TE: Registere	ed Agent signature	required	when re	sinstating)	DATE				
FILE NOW!!! FEE IS \$150.00											_			}
After May 1, 2003 Fee will be \$550.00										 Election Campaign Final Trust Fund Contribution 			.00 May Be ed to Fees	
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	Certify that the	e information	supplied with th	is filing	does not qualify for		d in Sec	ction :	119.07(3)(i), Florida Statutes. I	further or	ertify that the	information	1	
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Floring 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: SIGNATURE AND TYPED CREPHINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVIS 3/18/03 786-621-3545