

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108808

1. Entity Name  
DAVIDS INVESTMENTS, INC.

**FILED**  
Aug 01, 2002 8:00 am  
Secretary of State

08-01-2002 90168 040 \*\*\*550.00

0131353 AT

Principal Place of Business  
4134 GULF OF MEXICO DRIVE, SUITE 302  
LONGBOAT KEY FL 34228

Mailing Address  
4134 GULF OF MEXICO DRIVE, SUITE 302  
LONGBOAT KEY FL 34228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
715 BLOOM ST. 908 WATERSIDE DR

3. Mailing Address  
715 BLOOM ST. 908 WATERSIDE DR

Suite, Apt. #, etc.  
SUITE 130

Suite, Apt. #, etc.  
SUITE 130

City & State  
CELEBRATION, FL

City & State  
CELEBRATION FL

4. FEI Number  
593755792

Applied For  
Not Applicable

Zip  
34747

Country  
USA

Zip  
34747

Country  
USA

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

## 6. Name and Address of Current Registered Agent

DAVIDS, TONY FRANCOIS  
4134 GULF OF MEXICO DRIVE, SUITE 302  
LONGBOAT KEY FL 34228  
908 Waterside Drive  
Celebration FL 34747

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

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

(NOTE: Registered agent signature required when reinstating)

DATE

7/29/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDS, TONY FRANCOIS 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete NEW ADDRESS AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/02 4079229011

CR2E034 (4/02)