

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90066 013 ***150.00

DOCUMENT # P02000035766

1. Entity Name
M. DAVIS CORP.



Principal Place of Business
1650 SAN PABLO ROAD
2
JACKSONVILLE FL 32224

Mailing Address
1650 SAN PABLO ROAD
2
JACKSONVILLE FL 32224



2. Principal Place of Business
2280 S. 3rd St.
Suite, Apt. #, etc.
2280

3. Mailing Address
2280 S. 3rd St.
Suite, Apt. #, etc.
2280 S.T

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville Beach FL
Zip
32250
Country
USA

City & State
Jacksonville Beach, FL
Zip
32250
Country
USA

4. FEI Number 01-0649295
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADAMS, MICHEALYN C
1125 13TH AVENUE NORTH
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name * Leslie Bill
Street Address (P.O. Box Number is Not Acceptable)
2280 S. 3rd St.
City Jacksonville Beach **FL** **Zip Code** 32250

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MARY W	
STREET ADDRESS	1702 S. FIRST STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUSICK, LINDA J	
STREET ADDRESS	35 FAIRWAY LANE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MARY W	
STREET ADDRESS	1702 S. FIRST STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Leslie	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Bill	
STREET ADDRESS	3653 Grand Blvd.	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 **904-241-2639**
Date Daytime Phone #

CR2E034 (10/02)