## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P02000070905

1. Entity Name

Zip

NORA B DAVIS, INC.



Principal Place of Business 5721 WHITE HICKORY CIRCLE TAMARAC FL 33319

Mailing Address

5721 WHITE HICKORY CIRCLE

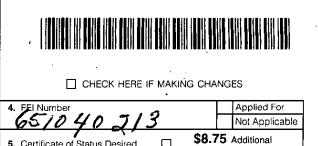
TAMARAC FL 33319

	<u> </u>		
2. Principal Place of Business	ź	3. Mailing Address	
		le Taran	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

Zip

FILED Apr 18, 2003 8:00 am § Secretary of State

04-18-2003 90182 008 \*\*\*150.00



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, NORA B Street Address (P.O. Box Number is Not Acceptable) 5721 WHITE HICKORY CANCLE TAMARAC, FL FL 33319 City Zip Code

Country

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition DAVIS, NORA B NAME NAME **5721 WHITE HICKORY CIRCLE** STREET ADDRESS STREET ADDRESS TAMARAC FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME == STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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 ike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA