

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90423 006 ***158.75

DOCUMENT # P02000081753

1. Entity Name
DAVIS WEALTH ENHANCEMENT GROUP, INC.



Principal Place of Business
**1805 S KANNER HIGHWAY
STUART FL 34994**

Mailing Address
**1805 S KANNER HIGHWAY
STUART FL 34994**



2. Principal Place of Business
1805 S. Kanner Hwy
Suite, Apt. #, etc.

3. Mailing Address
1805 S. Kanner Hwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
STUART, FL

City & State

4. FEI Number

16-1618504

Applied For

Not Applicable

Zip

Country

Zip

Country

34994

USA

34994

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, ROBIN S
1805 S KANNER HIGHWAY
STUART FL 34994**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, ROBIN S
1805 S KANNER HIGHWAY
STUART FL 34994**

☐ Delete

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03

Date

Daytime Phone #

772-463-4441

CR2E034 (10/02)