

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-11-2003 90152 001 ***150.00

DOCUMENT # P02000093888

1. Entity Name
DAVIS-LIKAR INSURANCE SERVICES, INC.



Principal Place of Business
**7722 S.R. 544 EAST STE 215
WINTER HAVEN FL 33881**

Mailing Address
**7722 S.R. 544 EAST STE 215
WINTER HAVEN FL 33881**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
51-0425659

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIPPEN, JOSEPH F JR
10225 ULMERTON RD BLDG 11
LARGO FL 33771**

Name **Bruce A. Davis**
Street Address **7722 SR 544E STE 215**
Winter Haven, FL 33881
City **FL** Zip **33881**

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, type or print name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/23/03**

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 **D** ☐ Delete
NAME **DAVIS, BRUCE A**
STREET ADDRESS **3082 LANDINGS CT**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Delete
NAME **LIKAR, RON A**
STREET ADDRESS **5130 FAIRWAY ONE DR**
CITY-ST-ZIP **VALRICO FL 33574**

TITLE **D** ☐ Delete
NAME **SCARBOROUGH, DENA F**
STREET ADDRESS **243 PALM DRIVE**
CITY-ST-ZIP **LAKE HAMILTON FL 33851**

TITLE **D** ☐ Delete
NAME **DAVIS, SUSAN E**
STREET ADDRESS **3082 LANDINGS CT**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/23/03**

DATE

DAYTIME PHONE **863/422-1713**

DAYTIME PHONE #

CR2E034 (10/02)