FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P030000 96016

1. Entity Name
Davidson/Roberts Investments, Inc.



FILED Aug 10, 2004 8:00 am Secretary of State 08-10-2004 90003 010 ***150.00

25466046

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2. Principal Place of Bysiness 2#01								
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33025	Country	33025	country A	6. Certificate of Status D	esired 🗆 \$8	3.75 Additional e Required		
		3.0000	. Name	7) Hame and Address of	Current Registered A	gent		
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The state of the s	1		Laud	erhill	FL	3335/		
The above named er the obligations of re-	nry story grais statements	nt for the purpose of changing	its registered office or regist	ered agent, or boin, in the Si	ale of Florida. I am fair	шаг жиг, апо ассерг		
IGNATURE	ionerp	od			7-26	-04		
Signature, ty	ped or printed name of regis free a May 1 Fee is \$150.00	gain and tale if applicable. (N	IOTE: Registered Agent signature requir	red when reinstating)	DATE			
After Ma	y 1, Fee is \$550.00 led UBR is \$61.25			9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		
ake Check Payable	to Florida Departmen					7,5000 (0 1 503		
D. RE P	1	ND DIRECTORS	TITLE					
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indicated on this re of the corporation of	port or supplemental report the receiver of rustee address with all other lik	with this filing does not qualify ort is true and accurate and the ompowered to execute this re of empowered. While the composition of the organization of the composition of the organization of the composition of the organization of the composition of the com	at my signature shall have the port as required by Chapter	e same legal effect as if made 607, Florida Statutes; and the	e under oath: that I am	an officer or director Block 10 or on an		



4974 North University Drive • Sunrise, FL • 33351

July, 26, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL, 32314

Re: Davidson/Roberts Investments, Inc, DN: P03000096016

To whom it may concern:

Please note that we received a form stating that the above corporation was going to be dissolved. Please note that we never received a renewal form and that this is the only notice that we received. We are asking that you take this into consideration and waive all penalty and late fees. Thank you for your understanding on this matter. Enclosed you will find a check for the amount of \$ 150.00 and the Renewal form.

Respectfully,

Colleen Pope

Accounting Associate

Division of Corporations

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24C79472

Division of Corporations

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Page 2

Document Number
P0300096016
Business Entity Name
DAVIDSON/ROBERTS INVESTMENTS, INC.

Election Campaign Financing Trust Fund Contribution O Yes

No

Officer/Director Name And Address

Title PSTD Name (Last, First, Middle, Title) DAVIDSON DELROY -or- Entity Name 2401 E LAKE MIRAMAR CIRCLE Street Address City, State MIRAMAR Zip Code & Country 33025 Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title)! -or- Entity Name Street Address

~	Division of Corporations	HHacknest 2400022 PUD000096016	Page 2 of 2
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	O List more than six Officers	s/Directors No additional Officers/Directors to	list
		above must type their name in the ature' block below. A corporate name is not sture.	
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