

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90181 040 \*\*\*158.75

**DOCUMENT # P28253**

1. Entity Name  
**DAVNA INVESTMENT LIMITED CORP.**



Principal Place of Business  
**2200 GLADYS ST  
LARGO FL 33774  
US**

Mailing Address  
**2200 GLADYS ST  
LARGO FL 33774  
US**



2. Principal Place of Business

**730 Old Coachman Road**

3. Mailing Address

**730 Old Coachman Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Clearwater FL**

City & State

**Clearwater FL**

4. FEI Number

**59-2992016**

Applied For

Not Applicable

Zip

**33765**

Country

Zip

**33765**

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHIFFMAN, HOWARD  
2200 GLADYS STREET  
LARGO FL 33774**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**730 Old Coachman Road**

City

**Clearwater**

**FL**

Zip Code

**33765**

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

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PAS  
SHIFFMAN, DAVID  
5200 BRITTANY (SR)S UNIT 402  
SAINT PETERSBURG FL 33715** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHIFFMAN, DAVID  
5200 BRITTANY (SR)S UNIT 402  
SAINT PETERSBURG FL 33715** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SHIFFMAN, EDNA  
5200 BRITTANY (SR)S UNIT 402  
SAINT PETERSBURG FL 33715** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HOWARD, SHIFFMAN  
2200 GLADYS ST  
LARGO FL 33774** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Drive** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Drive** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Shiffman Drive** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Executive Vice President  
Shiffman, Howard  
730 Old Coachman Road  
Clearwater FL 33765** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Shiffman, Debbie  
730 Old Coachman Road  
Clearwater FL 33765** ☐ Change ☒ Addition

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

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 my address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03**  
Date

**(727) 582-9509**  
Daytime Phone #

CR2E034 (10/02)