

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000628

1. Entity Name

GREGORY L. DAVIES CERTIFIED GENERAL CONTRACTOR,

✓

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90024 002 ***150.00

Principal Place of Business

112 ELYSIUM DR
ROYAL PALM BEACH FL 33411
US

Mailing Address

112 ELYSIUM DR
ROYAL PALM BEACH FL 33411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0372380

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

DAVIES, GREGORY L
112 ELYSIUM DR
ROYAL PALM BEACH FL 33411

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DAVIES, GREGORY L
112 ELYSIUM DR
ROYAL PALM BEACH FL 33411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GREGORY L. DAVIES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/18/00

Daytime Phone #

561 793-8205

CR2E034 (5/00)

GREGORY L. DAVIES
CERTIFIED GENERAL CONTRACTOR
QUALITY YOU CAN DEPEND UPON
C.G.C. 028596

September 14, 2000

Department of State Division of Corporations
POB 1500
Tallahassee, FL 32302

To Whom It May Concern:

Please be advised I never received the first packet. I received the enclosed in today's mail.

I am enclosing a check for the amount due and I apologize for any inconvenience.

Thank you, you for your help in this matter.

Sincerely,



Gregory L. Davies
Certified General Contractor