## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am Secretary of State P93000067873 **DOCUMENT #** 1. Entity Name 03-07-2002 90062 029 \*\*\*150.00 DAVIS TUNE INC. Mailing Address Principal Place of Business 3160 ELCANO LANE 5275 N. DAVIS HIGHWAY **CANTONMENT FL 32533** PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3200506 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROE, DONALD E Street Address (P.O. Box Number is Not Acceptable) 3160 ELCANO LANE **CANTONMENT FL 32533** Zip Code City 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 Fiorida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ROE, DONALD E NAME 3160 ELCANO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAMÉ ROE. SHIRLEY F NAME STREET ADDRESS STREET ADDRESS 3160 ELCANO LANE CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 wij

**FILED**