2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P93000067873

3160 ELCANO LANE

City & State

Zip

1. Entity Name

DAVIS TUNE INC.

5275 N. DAVIS HIGHWAY

City & State

ROE. DONALD E

3160 ELCANO LANE CANTONMENT FL 32533

Zip



Principal Place of Business Mailing Address

PENSACOLA FL 32503 CANTONMENT FL 32533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90064 034 ***150.00

☐ CHECK HERE IF MAKING CHANGES								
4. FEI Number	Applied For							
59-3200506	Not Applicable							
5. Certificate of Status Desired S8.75 Additional Fee Required								
7. Name and Address of New Registered Agent								
STATE COME TO THE STATE OF THE								

City 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. 1 am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

(NOTE: Registered Agent signature required when reinstating)

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

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check	Payable to Florida Department of State				trust rund Contribution.	⊔ Added	to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROE, DONALD E 3160 ELCANO LANE CANTONMENT FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROE, SHIRLEY F 3160 ELCANO LANE CANTONMENT FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المرار الموادي ميستويدي مساد الماد الم	☐ Delete	TITLE NAME	ء تا ساء ديج	ng and any of the second se	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 of 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: