

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90015 017 ***150.00

DOCUMENT # P94000019545

1. Entity Name
DAVIDSON INSURANCE, INC.

Principal Place of Business 10931 N DALE MABRY HWY TAMPA FL 33618-4112 US	Mailing Address 10931 N DALE MABRY HWY TAMPA FL 33618-4112 US
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2. Principal Place of Business <i>13911 Carrollwood Village Run</i>	3. Mailing Address <i>13911 Carrollwood Village Run</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tampa</i>	City & State <i>Tampa</i>	4. FEI Number 59-3232207	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33624-2746</i>	Country <i>Hillsborough</i>	Zip <i>33624-2746</i>	Country <i>Hillsborough</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVIDSON, MADELYN A
10931 N DALE MABRY HWY
TAMPA FL 33618

7. Name and Address of New Registered Agent
 Name *Madelyn A. Davidson*
 Street Address (P.O. Box Number is Not Acceptable)
13911 Carrollwood Village Run
 City *Tampa* FL Zip Code *33624-2746*

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 *Madelyn A. Davidson* Madelyn A. Davidson 4/21/00
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIDSON, MADELYN A 10931 N DALE MABRY HWY TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIDSON, CHRISTOPHER P 10931 N DALE MABRY HWY TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Davidson, Madelyn A.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13911 Carrollwood Village Run</i> <i>Tampa FL 33624-2746</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Davidson, Christopher P.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13911 Carrollwood Village Run</i> <i>Tampa FL 33624-2746</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Madelyn A. Davidson* Madelyn A. Davidson 4/21/00 813/963-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)