

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90147 011 \*\*\*150.00

DOCUMENT # P94000036502

1. Entity Name

FLOYD DAVIS, INC.

Principal Place of Business

Mailing Address

THE PAINT SHOP  
5756 FUNSTON ST  
HOLLYWOOD FL 33023

1282 SEAGRAPE CIRCLE  
FT. LAUDERDALE FL 33326

2. Principal Place of Business

3. Mailing Address

680 SW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale FL

Zip  
33312

Country  
Broward

Zip

Country

4. FEI Number 65-0495228

Applied For

Not Applicable

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

DAVIS, FLOYD  
1282 SEAGRAPE CIRCLE  
FT. LAUDERDALE FL 33326

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 \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DAVIS, FLOYD  
STREET ADDRESS 1282 SEAGRAPE CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-29-01

954 249 8531

CR2E034 (10/00)