

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90080 018 ***150.00

DOCUMENT # P94000059552

1. Entity Name

PAUL DAVIS SYSTEMS, INC. OF PASCO

Principal Place of Business

**7944 RUTILIO CT
NEW PORT RICHEY FL 34653
US**

Mailing Address

**7944 RUTILIO CT
NEW PORT RICHEY FL 34653
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3267155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DANNENMILLER, RICHARD
4065 MAJESTIC OAK LN
BROOKSVILLE FL 34602**

7. Name and Address of New Registered Agent

Name

RICHARD J. DANNENMILLER

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

329 BAYVIEW DR., N.E.

City

ST. PETERSBURG

FL

Zip Code
33704

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

RICHARD J. DANNENMILLER

3/12/02

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, 2002 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 **PD** ☐ Delete
NAME **DANNENMILLER, RICHARD**
STREET ADDRESS **4065 MAJESTIC OAK LN**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **SD** ☐ Delete
NAME **DANNENMILLER, MICHELLE**
STREET ADDRESS **4065 MAJESTIC OAK LN**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **RICHARD J. DANNENMILLER**
STREET ADDRESS **329 BAYVIEW DR., N.E.**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33704**

TITLE **S/D** ☒ Change ☐ Addition
NAME **MICHELLE DANNENMILLER**
STREET ADDRESS **329 BAYVIEW DR., N.E.**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33704**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 with an address, with all other like empowered.

SIGNATURE: RICHARD J. DANNENMILLER

727-841-8559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)