

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018646

1. Entity Name

DAVIS-BEWS DESIGN GROUP, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90084 036 ***150.00

Principal Place of Business

Mailing Address

209 SOUTH HOWARD AVE
TAMPA FL 33606
US

209 S HOWARD AVE
TAMPA FL 33606-1726
US

2. Principal Place of Business

3. Mailing Address

408 ARLINGTON AVE. EAST

408 ARLINGTON AVE. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~OLDSMAR~~

City & State

OLDSMAR, FLORIDA

City & State

OLDSMAR, FLORIDA

Zip

34677

Country
USA

Zip

34677

Country
USA

4. FEI Number

59-3302661

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

BEWS, JOHN
209 SOUTH HOWARD AVE
TAMPA FL 33606

Name

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

408 ARLINGTON AVE. EAST

City

OLDSMAR

FL

Zip Code

34677

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.

JOHN H. BEWS, JR. - PRESIDENT

3/23/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BEWS, JOHN
CITY-ST-ZIP 209 SOUTH HOWARD AVE
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS JOHN H. BEWS, JR.
CITY-ST-ZIP 408 ARLINGTON AVENUE EAST
OLDSMAR, FL. 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. BEWS, JR.

3/23/00

Date

813 925-1300

Daytime Phone #

CR2E034 (9/99)