

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90191 040 \*\*\*150.00

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**DOCUMENT # P95000027026**

1. Entity Name  
**JANICE ROBINSON-DAVIS, P.A.**



Principal Place of Business  
**30 COLORADO RD  
LEHIGH ACRES FL 33936**

Mailing Address  
**P O BOX 364  
LEHIGH ACRES FL 33970**



2. Principal Place of Business  
**1251 Taylor Lane**

3. Mailing Address  
**same**

Suite, Apt. #, etc.  
**6A**

CHECK HERE IF MAKING CHANGES

City & State  
**Lehigh Acres FL**

City & State

4. FEI Number **65-0657092**

Applied For  
 Not Applicable

Zip **33936** Country **USA**

Zip Country

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-ROBINSON, JANICE  
127 DANIA CIR.  
LEHIGH ACRES FL 33936**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**276 Ground Dove Circle**

City **Lehigh Acres** **FL** Zip Code **33936**

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

SIGNATURE *Janice Robinson Davis* DATE 4/5/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	ROBINSON-DAVIS, JANICE E	112 GREENWOOD AVE	LEHIGH ACRES FL 33936	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	ROBINSON-DAVIS, JANICE E	276 Ground Dove Circle	Lehigh Acres FL 33936	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or 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: *Janice Robinson Davis* DATE 4/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)