

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91174 035 ***150.00

DOCUMENT # 96000000816

1. Entity Name
DAVIS INSURANCE GROUP, INC.

Principal Place of Business Mailing Address
4606 S. Clyde Morris Blvd.
Unit 2-F
Port Orange, FL 32119

A0071266

2. Principal Place of Business 3. Mailing Address
4606 S. Clyde Morris Blvd #?
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2-F

DO NOT WRITE IN THIS SPACE

City & State City & State
Port Orange, FL
 Zip Country Zip Country
32119 USA

4. FEI Number Applied For
59-3355711 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
Charles Wm Davis Sr
4606 S. Clyde Morris Blvd
Unit 2-F
Port Orange, FL 32119

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

9. 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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when filing.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NUMBER: **96000000816**
 FEE: **\$175.00**
 FEE WILL BE PAID BY: **Registrant**
 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

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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(9)(f), 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: Charles Wm Davis Sr

5-16-01 (386) 763-5898

CR2034 (11/00)

DAVIS INSURANCE GROUP, INC.
DAVIS FINANCIAL SERVICES

Attachment
#P9600000816
FEI-593355711
A0021206

4606 S. Clyde Morris Blvd.
Unit 2-F
Port Orange, FL 32119
(386) 763-5898
(386) 763-0285
(866) 333-5898 Toll Free
geminiman2@earthlink.com
davisinsurancegroup.net(website)

May 16, 2001

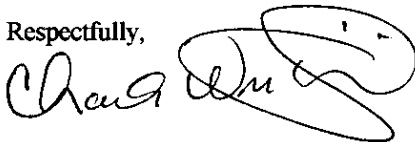
To: Florida Department of State
Division of Corporations

Subject: UBR 2001

PLEASE HELP ME!!!!!! YIKES!!!!!!

Per my phone call with Michelle in the reinstatement department, I am writing to ask that you waive the \$400.00 penalty for a late filing of the 2001 UBR. Reason, simple, I never received my renewal package from you folks. Apparently after I paid the various fees to change my business address, it was never completed by the department. Michelle varied that the old address was still on the computer system. I am not placing blame on anyone, I understand that these things happen. I just don't want to have to pay for something that I didn't cause. I have enclosed a copy of the UBR that I downloaded per information I was given yesterday by your office. I am also including copies of my filings in October 2000 of my address change. Your help is appreciated.

Respectfully,



Charles Wm. Davis, Jr.
President
Davis Insurance Group, Inc.