

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001927

1. Entity Name

DAVIS & MARLOWE, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90236 016 ***150.00

Principal Place of Business 8726 OLD C. E. 54 STE E NEW PORT RICHEY FL 34653	Mailing Address 8726 OLD C. E. 54 STE E NEW PORT RICHEY FL 34653
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2. Principal Place of Business 8726 Old C.R. 54 Suite, Apt. #, etc. Suite E	3. Mailing Address 8726 Old C.R. 54 Suite, Apt. #, etc. Suite E
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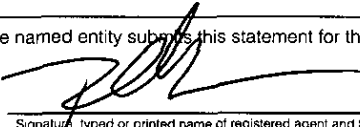
City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34653	Zip 34653
Country USA	Country USA

4. FEI Number 59-3351365	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARLOWE, RUSSELL G. 8726 STATE ROAD 54 SUITE E NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent Name Russell G. Marlowe Street Address (P.O. Box Number is Not Acceptable) 8726 Old C.R. 54 Suite E City New Port Richey FL Zip Code 34653
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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  February 25, 2000
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIS, GARY L 8726 OLD C.R. 54 STE E NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARLOWE, RUSSELL G 8726 OLD C.R. 54 STE. E NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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(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:  February 25, 2000 (727) 376-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)