

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90043 024 ***150.00

DOCUMENT # P96000024976

1. Entity Name

DAVISON ENTERPRISES INC.

Principal Place of Business

**12605 NE 15TH ST.
 SUNRISE FL 33323**

Mailing Address

**12605 NE 15TH ST.
 SUNRISE FL 33323**

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

58-2254795

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

DAVISON, CRISTINA

3441 N.W. 44TH STREET

#207

FT. LAUDERDALE FL 33309

Name

CRISTINA DAVISON

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

12605 N.E. 15th STREET

City

SUNRISE

FL

Zip Code

33323

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.

TAXPAYER OUT OF TOWN - UNAVAILABLE FOR SIGNATURE
 SIGNATURE *Maureen Thomas Accountant* **954-565-9903 4/26/02**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DAVISON, KEITH 12605 NW 15TH STREET SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVISON, CRISTINA 12605 NW 15TH STREET DAVIE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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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(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: CRISTINA DAVISON
TAXPAYER OUT OF TOWN - UNAVAILABLE FOR SIGNATURE
Maureen Thomas Accountant 4/26/02 954-838-0356
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)