

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091831

1. Entity Name
DAVIS MARKETING GROUP, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90366 048 ***150.00

Principal Place of Business
205 N ORANGE AVE
STE #1SW
SARASOTA FL 34236
US

Mailing Address
7532 S LEEWYN DR
SARASOTA FL 34240

2. Principal Place of Business
1668 STICKNEY A RD
Suite, Apt. #, etc.

3. Mailing Address
1668 STICKNEY A RD
Suite, Apt. #, etc.

City & State
SARASOTA FL
Zip
34231
Country
USA

City & State
SARASOTA FL
Zip
34231
Country
USA

4. FEI Number 65-0708201
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, JAMES S
7532 S LEEWYN DR
SARASOTA FL 34240

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

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]* DATE 5-16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PVST DAVIS, JAMES S 7532 S. LEEWYN DR. SARASOTA FL 34240	<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
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 similar like empowered.

SIGNATURE: *[Signature]* DATE 5-16-01 DAYTIME PHONE # 941-929-7742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0545957

CR2E034 (10/00)

Attachment

769237

P96000091831

Attachment

Doc. # P96000091831

769237

To whom It May

Concern:

We wanted to file
this because of our
change of address.

We moved on May 15, 2001!

Should you have any
questions, our phone
is 941-929-7742.

Thank you

Terry Davis