

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045459

1. Entity Name

DAVIS INTERNATIONAL, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90064 032 ***150.00

Principal Place of Business

1707 AZALES COURT
OLDSMAR FL 34677

Mailing Address

1707 AZALES COURT
OLDSMAR FL 34677-2700

2. Principal Place of Business

2396 Orange Pointe Ave

Suite, Apt. #, etc.

4
Palm Harbor

City & State

Zip

54683

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

4
Palm Harbor

City & State

Zip

54683

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3450762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

DAVIS, LUKE
2396 ORANGE POINTE AVE
PALM HARBOR FL 34683

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, LUKE E
1707 AZALES COURT UNIT "A"
OLDSMAR FL 34677

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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DAVIS, LUKE E
2396 Orange Pointe Ave
Palm Harbor, FL 34683

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Palm Harbor, FL 34683

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-787-1866

CR2E034 (9/99)