

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046637

1. Entity Name

DAVIS ARCHITECTURE, INC.

Principal Place of Business

3467 W. HILLSBORO BLVD.  
#3  
DEERFIELD BEACH FL 33442  
US

Mailing Address

~~1672 W. HILLSBORO BLVD.~~  
~~#131~~  
PO BOX 4938  
DEERFIELD BEACH FL 33442-3031

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 65-0753766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, JOHN E  
1200 N FEDERAL HWY  
STE 312  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name JAY LEVINE, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
3500 N MILITARY TRAIL #490  
City BOCA RATON FL Zip Code 33431

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

*Patricia L Davis, Pres* 4-25-01 3-29-01  
(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	DT DAVIS, PATRICIA L <del>1672 W. HILLSBORO BLVD #131</del> PO BOX 4938 DEERFIELD BEACH FL 33442-3031	<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
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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: PATRICIA L. DAVIS, PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia L Davis, Pres* 3-29-01 954-4808582  
Date Daytime Phone #

FILED  
Jun 15, 2001 8:00 am  
Secretary of State

03-26-2001 90051 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)