

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91289 002 ***150.00

0057060 AV

DOCUMENT # P97000048120

1. Entity Name
TERRY & DAVIS, INC.



Principal Place of Business
**1201 NORTH P STREET
PENSACOLA FL 32505**

Mailing Address
**1201 NORTH P STREET
PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

83 Baybridge Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gulf Breeze FL

Zip

Country

Zip

Country

32561

USA

4. FEI Number

59-3453560

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

**TERRY, BILL
1201 NORTH P STREET
PENSACOLA FL 32505**

Name

PAUL DAVIS

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

83 Baybridge Park

City

Gulf Breeze

FL

Zip Code

32561

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

PAUL DAVIS

Paul Davis

4/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **TERRY, WILLIAM H**
STREET ADDRESS **380 CLEMATIS ST**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **DIRECTOR** ☒ Change ☒ Addition
NAME **PAUL DAVIS**
STREET ADDRESS **83 BAY BRIDGE PARK**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED PAUL DAVIS

4/23/03

850-

934-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)