

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90261 001 \*\*\*450.00

**DOCUMENT #** P97000050154**1. Entity Name**

JEREMY DAVIS INC.

**Principal Place of Business****Mailing Address**

11884

**2. Principal Place of Business****3. Mailing Address**

5640 Cypress Cir

5640 Cypress Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Tallahassee, FL

**City & State**

Tallahassee, FL

**4. FEI Number**

59-3285524

**Applied For**

Not Applicable

**Zip**

32303

**Country****Zip**

32303

**Country****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****Name**

Jeremy Davis

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

5640 Cypress Cir

**City**

Tallahassee

**FL****Zip Code**

32303

**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**

Jeremy Davis - President

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

(NOTE: Registered Agent Signature required when reinstating)

Jeremy Davis

5/1/00

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**

<b>TITLE</b>	PSTD	<input type="checkbox"/> Delete
<b>NAME</b>	Davis, Jeremy	
<b>STREET ADDRESS</b>	14825 Vause Landing Rd	
<b>CITY-ST-ZIP</b>	Tallahassee, FL 32310	
<b>TITLE</b>	Vice President	<input type="checkbox"/> Delete
<b>NAME</b>	James B. Davis	
<b>STREET ADDRESS</b>	Route 4, Box 2033-E	
<b>CITY-ST-ZIP</b>	Havana, Florida 32333	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Jeremy Davis	
<b>STREET ADDRESS</b>	5640 Cypress Cir	
<b>CITY-ST-ZIP</b>	Tallahassee, FL 32303	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

Jeremy Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

(850) 841-9348

Daytime Phone #

CR2E034 (9/99)