

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90101 030 ***150.00

DOCUMENT # P97000055059

1. Entity Name

RICHARD E. DAVIS, P.A.

Principal Place of Business

**400 N. TAMPA ST.,S TE. 1050
TAMPA FL 33602**

Mailing Address

**400 N. TAMPA ST.,S TE. 1050
TAMPA FL 33602**

2. Principal Place of Business

220 East Madison ST

Suite, Apt. #, etc.

SUITE 512

City & State

TAMPA FL

Zip

33602

Country

USA

3. Mailing Address

220 East Madison ST

Suite, Apt. #, etc.

SUITE 512

City & State

TAMPA, FL

Zip

33602

Country

USA

4. FEI Number

59-3452020

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, RICHARD E

**400 N. TAMPA ST.,S TE. 1050
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Richard E. Davis

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

220 East Madison ST.

SUITE 512

City

TAMPA

FL

Zip Code

33602

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

Richard E. Davis

(NOTE: Registered Agent signature required when resigning)

DATE

1/24/02

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, 2002 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 **D** ☐ Delete

NAME **DAVIS, RICHARD E**
STREET ADDRESS **400 N. TAMPA ST.,S TE. 1050**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard E. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/24/02 (813)301-8020

CR2E034 (9/01)