

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90109 039 ***150.00

UNIFORM UBR

DOCUMENT # P97000063912

1. Entity Name
GREG DAVENPORT ENTERPRISES, INC.



Principal Place of Business
**613 CORBEL DRIVE
NAPLES FL 34110**

Mailing Address
**613 CORBEL DRIVE
NAPLES FL 34110**

2. Principal Place of Business -3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3466085**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVENPORT, NORMAN GREGORY
613 CORBEL DRIVE
NAPLES FL 34110**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

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-NAME **DP DAVENPORT, NORMAN GREGORY** Delete
STREET ADDRESS **613 CORBEL DRIVE**
CITY-ST-ZIP **NAPLES FL 34110**

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

TITLE-NAME **DVST DAVENPORT, TARA F** Delete
STREET ADDRESS **613 CORBEL DRIVE**
CITY-ST-ZIP **NAPLES FL 34110**

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

TITLE-NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE-NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE-NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE-NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE-NAME Change Addition
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Gregory Davenport - Pres

Date *1-6-03* Daytime Phone # *214-512-7767*

CR2E034 (10/02)