

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080894

1. Entity Name

JAMES B. DAVIS INC.

Principal Place of Business

RT 4, BOX 2033-E
HAVANA FL 32333

Mailing Address

RT 4, BOX 2033-E
HAVANA FL 32333

2. Principal Place of Business

282 East Dansey Crossing
Suite, Apt. #, etc.

3. Mailing Address

282 East Dansey Crossing
Suite, Apt. #, etc.

City & State

Havana, Florida

City & State

Havana, Florida

Zip

32333

Country

USA

Zip

32333

Country

USA

4. FEI Number

59-3467959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JAMES B
RT 4, BOX 2033-E
HAVANA FL 32333

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE NAME ☐ Delete
PSD
DAVIS, JAMES B
STREET ADDRESS RT 4, BOX 2033-E
CITY-ST-ZIP HAVANA FL 32333

TITLE NAME ☐ Delete
VT
DAVIS, WILLENE
STREET ADDRESS RT 4, BOX 2033-E
CITY-ST-ZIP HAVANA FL 32333

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: Wilene K. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01 531-7004

Date

Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90050 001 ***150.00

00046150



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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