

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90006 038 \*\*\*150.00

**DOCUMENT # P97000099900**

1. Entity Name

**DAVIS SUPPLY, INC.**

Principal Place of Business

6624 U.S. HWY 19  
 NEW PORT RICHEY FL 34652

Mailing Address

P.O. BOX 1528  
 NEW PORT RICHEY FL 34656-1528

**809113**

2. Principal Place of Business

3. Mailing Address

**DAVIS SUPPLY, INC.**

Suite, Apt. #, etc.

**6012 PINE HILL ROAD**

Suite, Apt. #, etc.

City & State  
**PORT RICHEY, FLORIDA**

City & State

4. FEI Number **59-3482276**

Applied For

Not Applicable

Zip  
**34668**

Country  
**PASCO**

Zip

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

**DAVIS, JAMES H**  
**6624 U.S. HIGHWAY 19**  
**NEW PORT RICHEY FL 34652**

Name **J. HARRIS COOK**

Street Address (P.O. Box Number is Not Acceptable)  
**7510 RIDGE ROAD**

City **PORT RICHEY**

**FL**

Zip Code  
**34668**

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

*J. Harris Cook*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-2000**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **DAVIS, JAMES H**  
 STREET ADDRESS **6828 RIVER ROAD**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **V** ☐ Delete  
 NAME **DAVIS, CLARA E**  
 STREET ADDRESS **6828 RIVER ROAD**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **ST** ☐ Delete  
 NAME **DAVIS, MELISSA A**  
 STREET ADDRESS **12415 BERKELEY SQUARE DRIVE**  
 CITY-ST-ZIP **TAMPA FL 32626**

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

TITLE **V** ☐ Delete  
 NAME **DAVIS, MATTHEW P**  
 STREET ADDRESS **7918 LEOTA LANE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JAMES H. DAVIS*

**JAMES H. DAVIS**

**01/14/00**

**(727) 849-5947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #