

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0541654 AV

**DOCUMENT # P97000099900**

1. Entity Name

**DAVIS SUPPLY, INC.**

03-29-2002 90832 008 \*\*\*150.00

Principal Place of Business

**6012 PINE HILL RD  
PORT RICHEY FL 34668**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P. O. BOX 60095**

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

Zip

**33906-6095**

Country

4. FEI Number

**59-3482276**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COOK, J. HARRIS  
7510 RIDGE RD  
PORT RICHEY FL 34668**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, JAMES H</b>	
STREET ADDRESS	<b>6828 RIVER ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, CLARA E</b>	
STREET ADDRESS	<b>6828 RIVER ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, MELISSA A</b>	
STREET ADDRESS	<b>12415 BERKELEY SQUARE DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 32626</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, MATTHEW P</b>	
STREET ADDRESS	<b>7918 LEOTA LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JAMES H.</b>	
STREET ADDRESS	<b>14000 SHIMMERING LAKE COURT</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33907</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, CLARA E.</b>	
STREET ADDRESS	<b>14000 SHIMMERING LAKE COURT</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33907</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MATTHEW P.</b>	
STREET ADDRESS	<b>7914 LEOTA LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**JAMES H. DAVIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02 (941) 931-6700

Date

Daytime Phone #

CR2E034 (9/01)