

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002049

1. Entity Name

DAVID A. MAY & ASSOCIATES, INC.

Principal Place of Business

4404 S FLORIDA AVE
SUITE 14
LAKELAND FL 33813
US

Mailing Address

PO BOX 6128
LAKELAND FL 33807-6128

2. Principal Place of Business

3003 S FLORIDA AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

City & State

LAKELAND - FL

City & State

Zip

33803

Country

US

Zip

Country

4. FEI Number

65-0815143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, DAVID
6535 CREWS LAKE HILLS LOOP W
LAKELAND FL 33813

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
STREET ADDRESS
CITY-ST-ZIP

D
MAY, DAVID A
P.O. BOX 6128
LAKELAND FL 33807

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

David May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/62/01

863-619-6586

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90033 041 ***150.00

D0032409



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)