

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90187 009 ***150.00

DOCUMENT # P98000002833

1. Entity Name
ARTHUR DAVIS COMMUNITIES, INC.



Principal Place of Business
~~4100 TAMiami TRAIL E~~ **2116 MISSION DRIVE**
NAPLES FL 34109

Mailing Address
PO BOX 10610
NAPLES FL 34101

2. Principal Place of Business
2116 MISSION DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34109

Country
COLLIER

Zip
34109

Country
COLLIER

4. FEI Number **59-3486845**

☐ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

DAVIS, ARTHUR C
2116 MISSION DRIVE
NAPLES FL 34109

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

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | CEOP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DAVIS, ARTHUR G | | NAME | | |
| STREET ADDRESS | 2116 MISSION DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34109 | | CITY-ST-ZIP | | |
| TITLE | CEOS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DAVIS, ARTHUR G | | NAME | | |
| STREET ADDRESS | 2116 MISSION DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34109 | | CITY-ST-ZIP | | |
| TITLE | TVD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DAVIS, ARTHUR G | | NAME | | |
| STREET ADDRESS | 2116 MISSION DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34109 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 _____ **DATE** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23, 2003 **239-580-1467**

Date Daytime Phone #

CR2E034 (10/02)