

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011799

1. Entity Name

MICHAEL DAVIS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90004 004 ***150.00

Principal Place of Business

Mailing Address

139 E BLOOMINGDALE AVE
BRANDON FL 33511

2248 EAGLE BLUFF DR
VALRICO FL 33594-7218
US

2. Principal Place of Business

130 E. Bloomingdale Ave
Suite, Apt. #, etc.

3. Mailing Address

130 E. Bloomingdale Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brandon, FL

City & State

Brandon, FL

4. FEI Number

59-3489781

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MICHAEL A
139 E BLOOMINGDALE AVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

130 E. Bloomingdale Ave

City

Brandon

FL

Zip Code

33511

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, 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

TITLE P
NAME DAVIS, MICHAEL A
STREET ADDRESS 2248 EAGLE BLUFF DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE ST
NAME DAVIS, JUDITH A
STREET ADDRESS 2248 EAGLE BLUFF DRIVE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Michael A. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. DAVIS

4-27-00

Date

813-662-2600

Daytime Phone #

CR2000 13/00/01