

6-2-00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016870

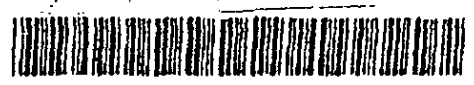
1. Entity Name
DAVIS & SONS ENTERPRISES, INC.

Principal Place of Business Mailing Address
711 E. SUGARLAND HIGHWAY **711 E. SUGARLAND HIGHWAY**
CLEWISTON FL 33440 **CLEWISTON FL 33440-3214**

FILED

00 JUN -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip

DO NOT WRITE IN THIS SPACE
4. FEI Number **04/22/00 90054 07 158.75**
65-0821860
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is also acceptable)
NO NEW AGENT
City **FL**

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 *Sherry M Davis President* **May 15, 2000**
Signature, typed or printed name of registered agent also fills in applicable. (NOTE: Reg. Agent signature required when removing)

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 Added to Fee**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☐ Delete		TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
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TITLE	☐ Delete		TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Sherry M Davis President
SHERRY M DAVIS, PRESIDENT

863-993-700