

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90116 028 ***150.00

DOCUMENT # P98000018910

1. Entity Name

CHARLES S. DAVIDSON & ASSOCIATES, INC.

Principal Place of Business

7385 N.W. 52ND. CT.
 LAUDERHILL FL 33319

Mailing Address

7385 N.W. 52ND. CT.
 LAUDERHILL FL 33319-6341

2. Principal Place of Business

7385 NW 52 COURT
 Suite, Apt. #, etc.

3. Mailing Address

7385 NW 52 CT.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL

City & State

LAUDERHILL

4. FEI Number

65-0827646

Applied For

Not Applicable

Zip 33319

Country Broward

Zip 33319

Country Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, JEFFREY M ESQUIRE
 1601 N. FLAMINGO RD.,STE.2
 PEMBROKE PINES FL 33028-1004

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 reinstalling)

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	PT	<input type="checkbox"/> Delete
NAME	DAVIDSON, HELENE H	
STREET ADDRESS	7385 N.W. 52ND. CT.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DAVIDSON, CHARLES S	
STREET ADDRESS	7385 N.W. 52ND. CT.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
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 title empowered.

SIGNATURE

Charles S. Davidson
 CHARLES S. DAVIDSON

Date

4/26/00 954-742-4149

Daytime Phone #