

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024493

1. Entity Name

B.W. DAVIES INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90035 040 ***150.00

Principal Place of Business

Mailing Address

541 4TH ST. N.W.
LARGO FL 33770

541 4TH ST. N.W.
LARGO FL 33770-2809

2. Principal Place of Business

3. Mailing Address

2371 Kilgore dr.
Suite, Apt. #, etc.

2371 Kilgore dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LARGO, FL.

LARGO, FL.

4. FEI Number

59-3498330

Applied For

Not Applicable

Zip
33770

Country
USA

Zip
33770

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD., SUITE A
SEMINOLE FL 33777

Name

BARRY W. DAVIES

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

2371 Kilgore dr.

City

LARGO,

FL

Zip Code

33770

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

Barry W. Davies
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 1, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, BARRY W 5414TH ST. N.W. LARGO FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barry W. Davies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 1, 2000 727-586-4559

CR2E034 (9/99)