

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046330

1. Entity Name

DAVIS & JONES, P.A.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90100 028 ***150.00

Principal Place of Business

1500 SAN REMO AVE. STE 225
CORAL GABLES FL 33146

Mailing Address

1500 SAN REMO AVE. STE 225
CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0836779

Applied For

Not Applicable

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

JONES, JESSE C
1500 SAN REMO AVE, STE 225
CORAL GABLES FL 33146

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 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, 2001 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 PTD ☒ Delete
NAME DAVIS, RICHARD M
STREET ADDRESS 5531 RIVIERA DR
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE PD ☒ Change ☐ Addition
NAME Jesse C. Jones
STREET ADDRESS 7605 S. W. 125th Street
CITY-ST-ZIP Pinecrest, FL 33156-6009

TITLE VSD ☐ Delete
NAME JONES, JESSE C
STREET ADDRESS 7605 SW 125TH ST
CITY-ST-ZIP PINECREST FL 33156-6009

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)