

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108339

1. Entity Name

DIANE A. DAVIS, PA

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90147 012 \*\*\*158.75

Principal Place of Business

6246 MASSACHUSETTS AVENUE  
NEW PORT RICHEY FL 34653

Mailing Address

6246 MASSACHUSETTS AVENUE  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

Suite 103  
PORT RICHEY

3. Mailing Address

7720 Washington St.  
Suite 103

City & State

FL

Zip

34668

Country

Pasco

Zip

34668

Country

Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3551048

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

DAVIS, DIANE A

6246 MASSACHUSETTS AVENUE  
NEW PORT RICHEY FL 34653

7720 Washington St.  
Suite 103  
PORT RICHEY, FL 34668

Name

DAVIS, DIANE A.

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

7720 Washington St.

Suite 103

City

PORT RICHEY

FL

Zip Code

34668

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

Diane A Davis, PA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

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 ☐ Delete  
NAME DAVIS, DIANE A  
STREET ADDRESS 5446 MANATEE POINT DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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)(l), 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:

Diane A Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/01 (727)849-4864

Daytime Phone #

CR2E034 (10/00)