

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020621

1. Entity Name  
**JIM "BUDDY" DAVENPORT INSURANCE AGENCY, INC.**

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90055 019 \*\*\*150.00

Principal Place of Business  
**1708 STATE RD.44**  
**NEW SMYRNA BEACH FL 32168**

Mailing Address  
**1708 STATE RD.44**  
**NEW SMYRNA BEACH FL 32168**

000117334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Same AS Above*

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1776934**

Applied For  
Not Applicable

Zip Country Zip Country

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

**DAVENPORT, JAMES R**  
**1708 STATE RD.44**  
**NEW SMYRNA BEACH FL 32168**

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 *James R Davenport* DATE *2/13/01*  
(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete  
NAME **DAVENPORT, JAMES R**  
STREET ADDRESS **1708 STATE RD.44**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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: *J Davenport* Date *2/13/01* Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)