

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062626

1. Entity Name

10-7, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90192 018 ***150.00

701983



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7289 MAMOUTH ST
ENGLEWOOD FL 34224

7289 MAMOUTH ST
ENGLEWOOD FL 34224-9623

2. Principal Place of Business

7289 MAMOUTH ST

Suite, Apt. #, etc.

3. Mailing Address

7289 MAMOUTH ST

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL.

City & State

ENGLEWOOD, FL.

4. FEI Number

65-0935401

Applied For

Not Applicable

Zip

34224

Country

CHARLOTTE

Zip

34224

Country

CHARLOTTE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, DANIEL J
7289 MAMOUTH ST
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name

RAYMOND D. DAVIES

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

7289 MAMOUTH ST.

City

ENGLEWOOD

FL

Zip Code

34224

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

Raymond D. Davies owner

9/1/00

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, 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 ☐ Delete
NAME D
STREET ADDRESS DAVIES, RAYMOND D.
CITY-ST-ZIP 7289 MAMOUTH ST
ENGLEWOOD FL 34224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)