

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
04-17-2001 90047 018 \*\*\*150.00

**DOCUMENT # P99000067280**

1. Entity Name  
**DAVTECH SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**442 WEST KENNEDY BOULEVARD SUITE 200 442 WEST KENNEDY BOULEVARD SUITE 200**  
**TAMPA FL 33606 TAMPA FL 33606**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3592097** 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

**HUMPHRIES, WILLIAM F**  
**442 WEST KENNEDY BOULEVARD SUITE 200**  
**TAMPA FL 33606**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>HUMPHRIES, WILLIAM</b>	<b>442 WEST KENNEDY BOULEVARD SUITE 200</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<b>TAMPA FL 33606</b>					
<input type="checkbox"/> Delete	<b>D</b>	<b>HUMPHRIES, JOHN</b>	<b>161 ROWLAND COURT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<b>GALT CA 95632</b>					
<input type="checkbox"/> Delete	<b>D</b>	<b>HUMPHRIES, CAMILE</b>	<b>161 ROWLAND COURT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<b>GALT CA 95632</b>					
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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: *William F. Humphries* *Vice President* *4.12.01* *813-299-8021*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #