

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90052 010 ***150.00

DOCUMENT # P99000092041

1. Entity Name

DAVIS & DAVIS TRADING CO., INC.

Principal Place of Business

Mailing Address

601 CAPITAL LANE,
 SANFORD FL 32771

601 CAPITAL LANE
 SANFORD FL 32771

2. Principal Place of Business

588 GOLDEN OAKS LN

3. Mailing Address

588 GOLDEN OAKS LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FLORIDA

City & State

SANFORD FLORIDA

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

4. FEI Number

59-3604909

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, GARY K**
 STREET ADDRESS **601 CAPITAL LANE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **DAVIS GARY K**
 STREET ADDRESS **588 GOLDEN OAKS LN**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **SVD** ☐ Delete
 NAME **DAVIS, VALERIE J**
 STREET ADDRESS **601 CAPITAL LANE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **SVD** ☒ Change ☐ Addition
 NAME **DAVIS VALERIE J.**
 STREET ADDRESS **588 GOLDEN OAKS LN**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
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 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:

GARY K DAVIS

2-1-01 407 479 0495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)