

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107923

1. Entity Name
THE DAVIS BOYS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90028 036 ***150.00

Principal Place of Business
**1807 17TH AVENUE NORTH
LAKE WORTH FL 33460**

Mailing Address
**1807 17TH AVENUE NORTH
LAKE WORTH FL 33460**

2. Principal Place of Business
3148 SE Giron Parkway

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

City & State
Stuart, FL

Zip
334997

Country
Martin

4. FEI Number
65-0968197

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

**O'HARA, PATRICK M
324 DATURA STREET
SUITE 100
WEST PALM BEACH FL 33401**

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 **Belinda G. Davis**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DAVIS, BELINDA	
STREET ADDRESS	1807 17TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES	
STREET ADDRESS	1807 17TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Belinda G. Davis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 **561-781-7540**
Date Daytime Phone #

CR2E034 (9/99)