

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110398

1. Entity Name

JH DAVIDSON, INC.

Principal Place of Business

530 DUPONT LANE
KEY WEST FL 33040

Mailing Address

530 DUPONT LANE
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

P.O. Box 4210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West, FL

Zip

Country

Zip

Country

33041

U.S.A.

4. FEI Number 65-0967927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CATALFOMO, ANTHONY J
506 LOUISA STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Catalfomo, Anthony J.

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

Catalfomo & Farrelly

506 Louisa Street

City

Key West

FL

Zip Code

33040

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

Anthony J. Catalfomo

Anthony J. Catalfomo

01-12-01

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

TITLE DPST
NAME DAVIDSON, JUDITH H
STREET ADDRESS 530 DUPONT LANE
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Judith H. Davidson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith H. Davidson
President

01/10/01. (305) 293-6634
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)