

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S58009**

1. Entity Name

DAVIS Investment Properties INC

FILED

00 JUN 12 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2406 GULF Blvd #103
INDIAN ROCKS BEACH
FLORIDA 33785**

**PO Box 273
INDIAN ROCKS BEACH
FLORIDA 33785**

2. Principal Place of Business

2406 GULF Blvd #103

3. Mailing Address

Box 273

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Indian Rks, FL

City & State

Indian Rocks Beach, FL

4. FEI Number

59-3093863

Applied For

Not Applicable

Zip

33785

Country

USA

Zip

33785

Country

USA

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

**IMORAE DAVIS
2406 GULF Blvd #103 (Box 273)
Indian Rocks Beach, FL 33785**

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 **Imorae Davis** **PRESIDENT** **Imorae Davis** **5-6-00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**IMORAE DAVIS
2406 GULF Blvd #103
INDIAN ROCKS BEACH, FL 33785**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600003312866--5
-07/05/00-01062-014
****158.75 ****158.75**

☐ Change ☐ Addition

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☐ 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: **Imorae Davis** **PRES** **6/6/00** **927-595-8007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 2034 (11/01/00)