

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S58609**1. Entity Name
DAVIS INVESTMENT PROPERTIES, INC.**FILED**
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90087 038 ***150.00

Principal Place of Business
**2406 GULF BLVD
#103
INDIAN ROCKS FL 33785
US**Mailing Address
**P.O. BOX 273
INDIAN ROCKS BEACH FL 33785
US**2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3093863**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****DAVIS, IMORAE
2406 GULF BLVD, #103
INDIAN SHORES FL 33785****7. Name and Address of New Registered Agent**

Name

RAY DAVIS

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

2406 GULF BLVD. #103City **Indian Rocks Beach FL** Zip Code **33785**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DAVIS, IMORAE	2406 GULF BLVD., #103	INDIAN ROCKS BEACH FL 33785	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001
Date**727-595-8007**
Daytime Phone #

0378928

CR2E034 (10/00)