2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

STE. 514

3300 UNIVERSITY DR.

CORAL SPRINGS FL 33065

V33940 DOCUMENT

1. Entity Name

RONALD V. DAVIDGE, INC.

Principal Place of Business

CORAL SPRINGS FL 33065

3300 UNIVERSITY DR.

STE. 514



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90012 040 ***150.00

04-30-2003 30012 040	130.00

00		00			8161 8681 8481 8186 8186 6181 6881	
2. Principal Place of Business		3. Mailing Address			ELBIA BUBIT BIBIT BIBIT BIBIT INDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	te	City & State		4. FEI Number 65-0358522	Applied For Not Applicable	
Zip	Country	Žip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered	l Agent	
-			Name	-		
DAVIDGE.	RONALD V.					
1087 N.W. 87 AVE			Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
POMPANO	BEACH FL 33071					
			City	FI	Zip Code	
8. The above the obligat	e named entity submits this statementions of registered agent.	nt for the purpose of changir	ng its registered office or	registered agent, or both, in the State of Florida. I am	n familiar with, and accept	
SIGNATURE .						
	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent signatur	re required when reinstating) DATE		
	ILE-NOW!!!-FEE-IS-\$150:00- r May 1, 2003 Fee will be \$550.	- I	the same that the	9. Election Campaign Financing	\$5.00 May Be	
Make Checi	k Payable to Florida Departmen	t of State	·	Trust Fund Contribution.	☐ Added to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	DAVIDGE, RONALD V		NAME			
STREET ADDRESS	1087 NW 87 AVE		STREET ADDRESS			
CITY-ST-ZIP.	CORAL SPRINGS FL 33071		CITY-ST-ZIP			
TITI F		☐ Delete	TITLE		Change Addition	

NAME STREET ADDRESS CITY-ST-ZIP.	DAVIDGE, RONALD V 1087 NW 87 AVE CORAL SPRINGS FL 33071	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: