

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90246 042 ***158.75

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DOCUMENT # **V56852**

1. Entity Name
M. DAVIS MANAGEMENT, INC.



Principal Place of Business
**8091 S ORLANDO AVENUE A
WINTER PARK FL 32789
US**

Mailing Address
**4946 FAWN RIDGE PL.
SANFORD FL 32771**



2. Principal Place of Business

3. Mailing Address
1863 Bridgewater Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
LAKE MARY, FL

4. FEI Number
59-3143582

Applied For
 Not Applicable

Zip

Country

Zip
32746

Country

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

**ZINK, MICHELE R
4946 FAWN RIDGE PLACE
SANFORD FL 32771**

Name

Street Address (P.O. Box Number is Not Acceptable)
1863 Bridgewater Drive

City **LAKE MARY, FL** Zip Code **32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	ZINK, MICHELE R	
STREET ADDRESS	4946 FAWN RIDGE PLACE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZINK, DENNIS	
STREET ADDRESS	4946 FAWN RIDGE PLACE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	FAIRBROTHER, FAITH	
STREET ADDRESS	305 W BRILEY AVENUE	
CITY-ST-ZIP	OAKLAND FL 34760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1863 Bridgewater Drive	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1863 Bridgewater Drive	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 MAGNOLIA Street	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED Zink** **3/21/03** **407-539-0303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)