

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 032 ***150.00

DOCUMENT # **V61551**
1. Entity Name
CAL DAVIS & ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE

80062001

2. Principal Place of Business 1409 KINGSLEY AVE		3. Mailing Address 1409 KINGSLEY AVE.	
Suite, Apt. #, etc. 14-C		Suite, Apt. #, etc. 14-C	
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL	
Zip 32073	Country US	Zip 32073	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3139136		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name **CAL DAVIS**

Street Address (P.O. Box Number is Not Acceptable)
1409 KINGSLEY AVE # 14-C

City **ORANGE PARK FL** Zip Code **32073**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT CAL DAVIS 1409 KINGSLEY AVE. 14-C ORANGE PARK FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 of an attachment with an address, with all other like empowered.

SIGNATURE: **CAL DAVIS** **4/2/02** **904-264-5801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)