

020844-TC ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):

Violet Davis

2. Name under which applicant will do business (fictitious name, etc.):

Violet Davis

3. Official mailing address:

Street: 4530 SW 46 ST

P.O. Box: _____

City: Ocala

State: FL Zip: 34474

4. Florida address:

Street: 4530 SW 46 ST

P.O. Box: _____

City: Ocala

State: FL Zip: 34474

5. Structure of organization:

☒ Individual

☐ Corporation

☐ General Partnership

☐ Limited Partnership

☐ Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

AUS _____
CAF _____
CMF _____
COM _____
CTR _____
ECR _____
GSL _____
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