

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90047 042 \*\*\*150.00

0003131 AV

**DOCUMENT # P00000055466**

1. Entity Name  
**DAVIS INVESTMENTS COMPANY, INC.**



Principal Place of Business  
**295 MARSH LAKES DR  
FERNANDINA BEACH FL 32034**

Mailing Address  
**295 MARSH LAKES DR  
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3651531**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, WILLIAM H  
295 MARSH LAKES DR  
FERNANDINA BEACH FL 32034**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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

| 10. OFFICERS AND DIRECTORS |                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DAVIS, WILLIAM H.</b>         | NAME  |   |
| STREET ADDRESS             | <b>295 MARSH LAKES DR</b>        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FERNANDINA BEACH FL 32034</b> | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | 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 Roscoe H. Mullis **Roscoe H. Mullis** Date **6/25/03** Daytime Phone # **912-729-5457**

CR2E034 (10/02)

**Mullis,  
Crews &  
Konrad  
CPAs**

CERTIFIED PUBLIC ACCOUNTANTS  
ESTABLISHED 1962

*Roscoe H. Mullis, CPA, P.F.S.  
Dena Gowen-Crews, CPA  
Kristie Rowell Konrad, CPA  
Jennel G. Wise, CPA*

*Members  
American Institute of CPAs  
Georgia Society of CPAs  
Private Companies Practice Section  
Personal Financial Planning Division*

*Attachment*

10108709

#P0000055466

June 25, 2003

Divisions of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Davis Investments Company, Inc.  
Late Filing

To Whom It May Concern:

Please consider these facts and accept this report as timely filed.

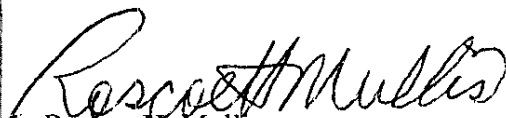
The agent, Mr. William H. Davis had an aneurysm that ruptured in November 2002. He was in Shands Medical Center in Gainesville, FL and Brooks Rehab Hospital in Jacksonville, FL until April or May 2003. Within the last month he has been able to take care of his affairs.

Mr. Davis's son has furnished me information from time to time to complete the 2002 various tax returns. I recently came across the enclosed Uniform Business Report and am now completing the form and attaching my check for \$150.00 in order to file as quick as possible.

Mr. Davis was incoherent for six or seven months and we consider it a miracle that he is alive today. If this is not acceptable, please correspond directly with this office.

Thank you in advance for your consideration.

Yours truly,



Roscoe H. Mullis  
CPA for Davis Investments Company, Inc.

30 South Lee Street  
P.O. Drawer 25892570  
Kingsland, GA 31548

Voice 912-729-5257  
Fax 912-729-2525  
e-mail mckcpa@gate.net