

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

05-01-2003 90298 042 ***150.00

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

DOCUMENT # P02000070861 (L)
1. Entity Name
DAVIS BUILDERS, INC.



55050033

Principal Place of Business
415 S. HIGHLAND AVE.
WINTER GARDEN FL 34787

Mailing Address
415 S. HIGHLAND AVE.
WINTER GARDEN FL 34787

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3694949

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS BUILDERS, INC.
415 S. HIGHLAND AVE.
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent
Name
Charles Craig Davis
Street Address (P.O. Box Number is Not Acceptable)
415 S. Highland Ave.
City Winter Garden FL Zip Code 34787

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 Charles Craig Davis DATE 6/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	President Charles C. Davis 415 S. Highland Ave. Winter Garden, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carrle R. Davis 415 S. Highland Ave. Winter Garden, FL 34787 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 3-18-03 467-056-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment

55-050033

#P0200000801

Per Mark Corbett,

Sign & Address
in Registered agent
area-

Our check has
already been
posted.

Thanks.