

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90218 046 ***150.00

DOCUMENT # P95000084295

1. Entity Name
DAVIS SEPTICS & BACKHOE, INC.



Principal Place of Business
28 JUNIPER TRL
OCALA FL 34480

Mailing Address
28 JUNIPER TRL
OCALA FL 34480
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3349134**

Applied For

Not Applicable

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

DAVIS, MORELL J
750 SE 150TH STREET
SUMMERFIELD FL 34491

Name *Morell J. Davis*
Street Address (P.O. Box Number is Not Acceptable)

28 Juniper Trl
City *Ocala* **FL** **Zip Code** *34480*

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 *Morell J. Davis* *Morell J. Davis president* *2-10-03*
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	DAVIS, MORELL J	
STREET ADDRESS	750 SE 150 ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	V	☐ Delete
NAME	DAVIS, SHAWN	
STREET ADDRESS	14695 SW 16TH AVE	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	ST	☐ Delete
NAME	RECTOR, TONYA	
STREET ADDRESS	28 JUNIPER TRL	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 *Tonya Rector* *Tonya Rector* *2-10-03* *245-5763*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)