

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90040 050 \*\*\*150.00

**DOCUMENT # 431968**

1. Entity Name  
**RICHARD K DAVIS CONSTRUCTION CORP**

Principal Place of Business  
**P O BOX 186  
FORT PIERCE FL 34954**

Mailing Address  
**P O BOX 186  
FORT PIERCE FL 34954**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1481743**

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, DOUGLAS F.  
2201 ATLANTIC BEACH BLVD  
FT PIERCE FL 34949**

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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, RICHARD K.		NAME	PRIEST, ROGER A.	
STREET ADDRESS	7885 SADDLEBROOK DR		STREET ADDRESS	1482 N. LAWNWOOD CR. 32C	
CITY-ST-ZIP	PT. ST. LUCIE FL		CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NANCY B.		NAME		
STREET ADDRESS	7885 SADDLEBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUGLAS F.		NAME		
STREET ADDRESS	2201 ATLANTIC BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, ROBERT S		NAME		
STREET ADDRESS	1910 OLD RIVER RD		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, STEPHEN A.		NAME		
STREET ADDRESS	5980 WHIPPORWILL LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		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		

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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DOUGLAS F. DAVIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1 8 02 561 461 8335**  
Date Daytime Phone #

CR2E034 (9/01)