2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

692343

1. Entity Name

BILLY CHARLES DAVIS, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90138 010 ***150.00

			COD WE TH	>		
Principal Pla	ace of Business	Mailing Address				
% BILL C	DAVIS	% BILL C DAVIS				
504 MOONE		= : •		ļ		
PORT ORANGE FL 32127		504 MOONRISE DR				
US	NGE FL 32127	PORT ORANGE FL 321	27	F ADARAN DOLLA SENAN SURA SULLA BULLA BU	A DADA DADA DIDA DIDA DIDA DADA	
	Bloom of B.	US				
2. Principal Place of Business		3. Mailing Address		1 100110 21116 10110 1100 11111 11111 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3476661 Applied For		
Zip	Country	Zip	Country		Not Applicable \$8.75 Additional	
·	C Name and Add a			5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Regist	ered Agent	
:			Name	ANTER OF THE PARTY		
DAVIS, E	DAVIS, BILL C					
	ONRISE DR		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
-					.	
PURI U	RANGE FL 32127					
			City		Zip Code	
8. The above	named entity submits this statemen	t for the purpose of changing it	ts registered office or ragi	istered agent, or both, in the State of Florida.		
the obliga	tions of registered agent.	and the purpose of thanging in	is registered unice or regi	istered agent, or both, in the State of Florida.	I am familiar with, and accept	
-	5					
SIGNATURE						
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signature req	Nitred when reinstation)	DATE	
	HE NOWILL FEE IS 6450.00			(The state of the	MIE	
	ILE NOW!!! FEE IS \$150.00	il		A 51		
Atte	r May 1, 2003 Fee will be \$550.0	0		9. Election Campaign Financin	- TOO May be	
Make Check	Payable to Florida Department	of State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AN	ID DIRECTORS	11,	ADDITIONS (CHANGES TO OFFICE		
TITLE	PVST			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS	DAVIS, BILL C		NAME			
CITY-ST-ZIP	504 MOONRISE DR		STREET ADDRESS			
·	PORT ORANGE, FL 00000 321	<u> </u>	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITL C		 	GITT-51-ZIF			
TITLE	v.	Delete -	~ - TITLE		- Change Addition	
NAME			NAME		_ ,	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	_		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			
NAME		THE DELETE	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS			
STIT-STY ZIF			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change D Address	
NAME			NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		ĺ	
CITY-ST-ZIP			CITY-ST-ZIP		ļ	
TITLE -		 -	G11-31-21			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS		•	STREET ADDRESS		(
CITY-ST-ZIP	·		CITY-ST-ZIP		Į	
12. I hereby ce	ertify that the information supplied with	th this filing does not qualify for	the average and the	0		
or the corp	Ofation of the receiver or trustee ome	covered to everythe this	the exemption stated in S my signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further e same legal effect as if made under oath; tha 07, Florida Statutes; and that my name appea	certify that the information it I am an officer or director irs in Block 10 or Block 11 if	
onanged, (or on an attachment with an address,	with all viner like empowered.	• • • • • •	appearance	TO ALL DIOCK TO ULDIOCK TELL	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR