

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

0036044 AV

**DOCUMENT # 696077**

1. Entity Name  
**D & S WEST COAST CONSTRUCTION, INC.**

02-26-2002 90047 004 \*\*\*150.00

Principal Place of Business      Mailing Address  
**106 LARK AVE.**      **106 LARK AVE.**  
**BROOKSVILLE FL 34601**      **BROOKSVILLE FL 34601**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2158281**      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, RONALD W**  
**106 LARK AVE.**  
**BROOKSVILLE FL 34601**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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          | <b>ST</b> <input type="checkbox"/> Delete |
| NAME           | <b>DAVIS, SANDRA</b>                      |
| STREET ADDRESS | <b>106 LARK AVE.</b>                      |
| CITY-ST-ZIP    | <b>BROOKSVILLE FL</b>                     |
| TITLE          | <b>DP</b> <input type="checkbox"/> Delete |
| NAME           | <b>DAVIS, RONALD</b>                      |
| STREET ADDRESS | <b>106 LARK AVE.</b>                      |
| CITY-ST-ZIP    | <b>BROOKSVILLE FL</b>                     |
| TITLE          | <b>VP</b> <input type="checkbox"/> Delete |
| NAME           | <b>DAVIS, RONALD W, JR</b>                |
| STREET ADDRESS | <b>7425 GORDON LOOP</b>                   |
| CITY-ST-ZIP    | <b>BROOKSVILLE FL</b>                     |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
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| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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:** *Sandra Davis* **SIGNATURE REQUIRED DAVIS**      **2-09-02**      **(352) 999-0792**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)