

2004 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # F01000000776

1. Entity Name
DAVIS ULTRASERV, INCORPORATED

FILED

04 NOV -9 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
470 HARVEST PARK DR
BRENTWOOD, CA 94513Mailing Address
470 HARVEST PARK DR
BRENTWOOD, CA 94513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004

REIN-P

CR2E098 (6/04)

4. FEI Number

77-0144515

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

Brian Courtney
Asst. V. Pres.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/28/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DAVIS, DONALD R
STREET ADDRESS 4716 APINNAKER WAY
CITY-ST-ZIP DISCOVERY BAY, CA 94514TITLE CEO ☒ Change ☐ Addition
NAME DONALD R. DAVIS
STREET ADDRESS } same
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PRESIDENT ☐ Change ☒ Addition
NAME JAMES A. HOWE
STREET ADDRESS 470 HARVEST PARK DR.
CITY-ST-ZIP BRENTWOOD CA 94513TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME 200042611502
STREET ADDRESS 11/09/04--01089--015 **750.00
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES HOWE

10/26/04 925 240-9128

Date

Daytime Phone #