

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F14977

1. Entity Name

T.W. DAVIS ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

5501 COMMERCE DRIVE  
P.O. BOX 568614  
ORLANDO FL 32856-8614

Mailing Address

5501 COMMERCE DRIVE  
P.O. BOX 568614  
ORLANDO FL 32856-8614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2067956

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, T.W.  
2534 OAK ISLAND POINTE RD.  
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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

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

(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

TITLE P ☐ Delete  
NAME DAVIS, TERRY W.  
STREET ADDRESS 2534 OAK ISLAND PT. RD.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE ST ☐ Delete  
NAME DAVIS, LYNDIA P  
STREET ADDRESS 2534 OAK ISLAND PT. RD.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE VPO ☐ Delete  
NAME ALLEN RONALD G.  
STREET ADDRESS 212 CATTAIL COURT  
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1/4/02 (407)  
855-2608

**FILED**  
**Jan 07, 2002 8:00 am**  
**Secretary of State**

01-07-2002 90013 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)