**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 03, 2002 8:00 am F15012 DOCUMENT # **Secretary of State** 1. Entity Name 03-03-2002 90091 029 \*\*\*150.00 ROY DAVIS PLUMBING, INC. Principal Place of Business Mailing Address 5915:SW. 21ST-ST 5915 SW 21ST ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2048523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, MARVIN R Street Address (P.O. Box Number is Not Acceptable) 5915 SW 21ST ST. HOLLYWOOD FL 33023 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete DAVIS, MARVIN R NAME NAME STREET ADDRESS 5915 SW 21ST ST. STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP Change VTD ☐ Addition TITLE ☐ Delete TIT! F DAVIS, HERBERT W NAME NAME 5891 SW 21ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS HOTALOGY ... CITY-ST-ZIP CITY-ST-7IP 的证明的特殊 TITLE ☐ Oelete TITLE Change ☐ Addition 620 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 supplementar eport of 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 truster 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 all other like empowered.

SIGNATURE:

MATURATION Roy Davis IRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

954-962-1333