


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90101 005 ***150.00

DOCUMENT # G93721 1. Entity Name DAVIS BOAT WORKS, INC.				 DO NOT WRITE IN THIS SPACE							
Principal Place of Business C/O ELSIE D DAVIS 1205 MARIE ANN BLVD PANAMA CITY FL 32401								Mailing Address C/O ELSIE D DAVIS 1205 MARIE ANN BLVD PANAMA CITY FL 32401-2039			
2. Principal Place of Business Suite, Apt. #, etc.								3. Mailing Address Suite, Apt. #, etc.			
City & State								City & State			
Zip		Country		Zip		Country		4. FEI Number 59-2418865 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								6. Name and Address of Current Registered Agent DAVIS, ELSIE D 1205 MARIE ANN BLVD. PANAMA CITY FL 32401		7. Name and Address of New Registered Agent Name	
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.										Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>										City FL Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>										FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees								CR213014-00001			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE S NAME DAVIS, EDESEL G. STREET ADDRESS 1205 MARIE ANN BLVD. CITY-ST-ZIP PANAMA CITY FL				TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP							
TITLE DP NAME DAVIS, ELSIE D. STREET ADDRESS 1205 MARIE ANN BLVD. CITY-ST-ZIP PANAMA CITY FL				TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Delete 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: <u>ELsie D. Davis</u> <u>3/16/2000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											