

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H31216****1. Entity Name**
DAVIS BROTHERS PAINTING, INC.**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90023 010 ***150.00

Principal Place of Business**655 TUMBLEBROOK DR.**
PORT ORANGE FL 32119
US**Mailing Address****C/O BOBBY DAVIS**
655 TUMBLEBROOK DR
PORT ORANGE FL 32118
US

DO NOT WRITE IN THIS SPACE

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 59-2476235

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, BOBBY**
655 TUMBLEBROOK DR.
PORT ORANGE FL 32119

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, BOBBY	
STREET ADDRESS	655 TUMBLEBROOK DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, KENNETH	
STREET ADDRESS	72 GOLDEN GATE CIR	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

904-760-4186

Daytime Phone #

CR2E034 (10/00)