FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90133 029 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55978

1. Entity Name

DAVIS AND SONS CONSTRUCTION, INC.



						COD WE T						
Principal Plac	e of Business	3	Maili	ng Address								
% RONNIE C. DAVIS			% RONNIE C. DAVIS									
20725 SW 46TH AVENUE			20725 SW 46TH AVENUE					, <u>(</u> 2				
NEWBERRY FI	L 32669		NEW	BERRY FL 32669			}			1111 1111 1111		
			T = 11									
2. Principal Place of Business			3. Mailing Address				-	i inacile dibi sical bille com cel		91811 A1411 B1811	#1#11 #1#11 3##1	
Cuito Ant # ata				Suite Act # etc							•	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number FO 07074F0			pplied For	
				1,				59-2767150	59-2767150		lot Applicable	
Zip	Zip Country			Zip Co		Country		Outlier to of States Desired	14	\$8.75 Ad	iditional	
			<u> </u>				.5. پیراز پیسود	. Certificate of Status Desired	_ 12_	Fee Require		
6. Name and Address of Current Re				ed Agent			7.	. Name and Address of New R	gistered	Agent		
							Name					
DAVIS, RONNIE C.				Stree			dress (P.O. Box Number is Not Acceptable)					
20725 SW 46 AVE												
NEWBERRY FL 32669						1						
									F	Zip Cod	de	
						City		 		<u> </u>		
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.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00								6 Floation Compaign Fin		^ -	nn	
After May 1, 2003 Fee will be \$550.00								Election Campaign Fin. Trust Fund Contribution	_		00 May Be ed to Fees	
Make Check Payable to Florida Department of State							_					
10.		OFFICERS AND	DIRECTO	ORS	11.		A	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	RS IN 11	
TITLE	D			☐ Delete	TITLE	F .				☐ Change	Addition	
NAME DAVIS, RONNIE C. STREET ADDRESS 20725 SW 46 AVE			NAM									
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP		Y FL 32669			CHY	-ST-ZIP						
TITLE	D	MITA LA		Delete	TITLE	ł.				☐ Change	Addition	
NAME STREET ADDRESS	DAVIS, NO	HIIA V. 46 AVE:			NAM	E ET ADDRESS		_				
CITY-ST-ZIP		Y FL 32669	-	* ~ =		-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					i	
	netific that the	information constant with	thin fill—	doop not swellfus-	<u></u>	in Contin	n 119.07(3)(i), Florida Statutes. I	further -	artifor the artiform	information		
TZ. Thereby C	ениу манте	aniormation supplied with	urus tumg	, aces not quality for	rie exei	mption stated	in section	n + 19.07(3)(I), FIORIDA STATUTES. I	iurther ce	aruiv mat the i	iniormation	

2. I hereby certify that the information supplied with this filling 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

1/03 352-472-7713 te Daytimo Phone •