

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90105 019 ***150.00

DOCUMENT # J60304

1. Entity Name
DAVIS EQUIPMENT REPAIRS, INC.

Principal Place of Business
4563-1 SUNBEAM RD.
JACKSONVILLE FL 32257

Mailing Address
4563-1 SUNBEAM RD.
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2868520**

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, GLENN A.
4563-1 SUNBEAM RD.
JACKSONVILLE FL 32257

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 *Glenn A. Davis*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | DAVIS, CLIFTON E. | |
| STREET ADDRESS | 9150 CRAVEN RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | DAVIS, ERNESTINE J. | |
| STREET ADDRESS | 9150 CRAVEN RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DAVIS, GLENN A. | |
| STREET ADDRESS | 9150 CRAVEN RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DAVIS, DONALD E. | |
| STREET ADDRESS | 9150 CRAVEN RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Ernestine J. Davis* **Ernestine J. DAVIS** 2-15-02 904-733-6700
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000071
AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE