

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**  
 08-03-2000 90035 039 \*\*\*550.00

**DOCUMENT # K91695**

1. Entity Name  
**GLEN DAVIS EXCAVATING, INC.**

**A0071119**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 120 W. CARROLL ST. P.O. BOX 450189  
 FL 34744 KISSIMMEE FL 34745-0189  
 US

2. Principal Place of Business 3. Mailing Address  
 1391 Pine Island Rd Suite, Apt. #, etc.  
 Kissimmee City & State  
 Florida City & State  
 Zip Country Zip Country  
 34744 USA

4. FEI Number **59-2959698** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRAWFORD, JOYCE L  
 6150 E. IRLO BRONSON MEM. HWY.  
 ST. CLOUD FL 34771

7. Name and Address of New Registered Agent  
 Name **Davis, Glen H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 PO Box 450189  
 City **Kissimmee** FL Zip Code **34745-0189**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, GLEN H		NAME		
STREET ADDRESS	1391 PINE ISLAND RD.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 7-25-00 407 847 9714  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)