

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90173 011 \*\*\*\*50.00

**DOCUMENT # L01000019650**

1. Entity Name

**DAVIS & SONS DRYWALL AND FRAMING, LLC**

Principal Place of Business

Mailing Address

**100 EMERALD ISLE RD.  
 HAINES CITY FL 33884**

**100 EMERALD ISLE RD.  
 HAINES CITY FL 33884**

2. Principal Place of Business

3. Mailing Address

*P.O. Box 750*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Haines City, Florida*

4. FEEL Number

*59-3664760*

Applied For

Not Applicable

Zip

Country

Zip

Country

*33845-0750*

*POK*

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, DARLEEN L  
 100 EMERALD ISLE RD.  
 HAINES CITY FL 33884**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darleen L Davis*

(NOTE: Registered Agent signature required when reinstating)

*9/20/02*

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *Vice President* ☒ Delete  
 NAME *Nichie Davis*  
 STREET ADDRESS *100 Emerald Isle Rd*  
 CITY-ST-ZIP *Haines City FL 33844*

TITLE *OPERATIONS MANAGER* ☒ Change ☐ Addition  
 NAME *NICHIE DAVIS*  
 STREET ADDRESS *100 EMERALD ISLE ROAD*  
 CITY-ST-ZIP *HAINES CITY, FL 33844*

TITLE *President* ☐ Delete  
 NAME *Darleen L. Davis*  
 STREET ADDRESS *100 Emerald Isle Rd*  
 CITY-ST-ZIP *Haines City FL 33844*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: *Darleen L Davis* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*9/20/02* (503) 422-5984

Date

Daytime Phone #

CR2E083 (4/02)