

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90166 044 \*\*\*150.00

**DOCUMENT # L24994**

1. Entity Name  
**LEE DAVENPORT BUILDERS, INC.**



Principal Place of Business  
**% LESLIE GENE DAVENPORT**  
**338 NE GREENBRIAR AVE**  
**PORT ST. LUCIE FL 34983**

Mailing Address  
**% LESLIE GENE DAVENPORT**  
**338 NE GREENBRIAR AVE**  
**PORT ST. LUCIE FL 34983**

2. Principal Place of Business

**6459 NW Fagan St**

Suite, Apt. #, etc.

3. Mailing Address

**6459 NW Fagan St**

Suite, Apt. #, etc.

City & State

**Port St Lucie, FL**

City & State

**Port St Lucie, FL**

4. FEI Number: **65-0153629**

Applied For  
Not Applicable

Zip  
**34986**

Country

**St Lucie**

Zip

**34986**

Country

**St Lucie**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAVENPORT, LESLIE GENE**  
**338 NE GREENBRIAR AVE**  
**PORT ST. LUCIE FL 34983**

**new  
Address**

7. Name and Address of New Registered Agent

Name

**Same**

Street Address (P.O. Box Number is Not Acceptable)

**6459 NW Fagan St**

City

**Port St Lucie**

FL

Zip Code

**34986**

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVENPORT, JONATHAN R 338 NE GREENBRIAR AVE PORT SAINT LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVENPORT, JOY V. 338 NE GREENBRIAR AVE PT. ST. LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Davenport, Johnathan R 6459 NW Fagan St. Port St Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Davenport, Joy V. 6459 NW Fagan St Port St Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Davenport, Leslie Gene 6459 NW Fagan St Port St Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03

772 340 4017

Date

Daytime Phone #

CR2E034 (10/02)