

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90068 015 ***150.00

DOCUMENT # P01000046768

1. Entity Name

D.C. DAVIS CONSTRUCTION, INC.

Principal Place of Business

**415 E HWY 20
 FREEPORT FL 32439**

Mailing Address

**415 E HWY 20
 FREEPORT FL 32439**

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

59-3717214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, D.C.
 415 E HWY 20
 FREEPORT FL 32439**

7. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, D.C.	
STREET ADDRESS	476 B.H. REDDICK ROAD	
CITY-ST-ZIP	BRUCE FL 32455	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DEAN	
STREET ADDRESS	51 HILLGROSS LANE	
CITY-ST-ZIP	BRUCE FL 32455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REDDICK, KAMIE	
STREET ADDRESS	118 REDDICK LOOPE	
CITY-ST-ZIP	BRUCE FL 32455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, SANDRA	
STREET ADDRESS	476 B.H. REDDICK ROAD	
CITY-ST-ZIP	BRUCE FL 32455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rusty Lee	
STREET ADDRESS	2969 St Hwy 20 West	
CITY-ST-ZIP	Freeport, FL 32439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Sandra Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 850-835-0189
 Date Daytime Phone #

CR2E034 (9/01)