


**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90115 047 \*\*\*150.00

80144554

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # P02000057353</b>  |  |                             |   |
| 1. Entity Name<br><b>DAVIS MOULDER WORKS, INC.</b>  |  |  |   |
| Principal Place of Business<br>203 SEABREEZE BLVD<br>PANAMA CITY BCH, FL 32413  |  | Mailing Address<br>203 SEABREEZE BLVD<br>PANAMA CITY BCH, FL 32413   |   |
| 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<br><b>30-0078572</b>  |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><b>COFFIELD, P. COLLEEN<br/>1719 S COUNTY HWY 393<br/>SANTA ROSA BCH, FL 32469</b>   |  | 7. Name and Address of New Registered Agent  |   |
| Name  |  | Name   |   |
| Street Address (P.O. Box Number is Not Acceptable)  |  | Street Address (P.O. Box Number is Not Acceptable)   |   |
| City  |  | 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 _____ (NOTE: Registered Agent Signature required when substituting)   |  |  |   |
| FILE NOW WITH FEE IS \$150.00<br>AFTER MAY 1, 2003 FEE WILL BE \$560.00<br>Make Check Payable to Florida Department of State  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE   | <b>D</b> <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>DAVIS, TIMOTHY S</b>                  | NAME   |   |
| STREET ADDRESS  | <b>203 SEABREEZE BLVD</b>                | STREET ADDRESS   |   |
| CITY-ST-ZIP   | <b>PANAMA CITY BCH, FL 32413</b>         | CITY-ST-ZIP  |   |
| TITLE   | <b>D</b> <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>DAVIS, WENDY F</b>                    | NAME   |   |
| STREET ADDRESS  | <b>203 SEABREEZE BLVD</b>                | STREET ADDRESS   |   |
| CITY-ST-ZIP   | <b>PANAMA CITY BCH, FL 32413</b>         | 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  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the time empowered. |  |  |   |
| SIGNATURE: <i>Wendy F. Davis</i>  |  | Date: <b>8.14.03</b> <i>857-531-5025</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date   |   |

CREED034 (10/02)

Attachment # 80144554  
PO2000057353  
Davis Moulder Works, Inc.

August 14, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

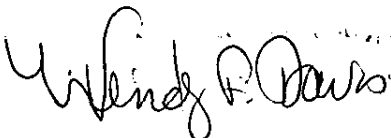
Dear Sir or Madam:

Enclosed you will find the Uniform Business Report for Davis Moulder Works, Inc. and a check for \$150.00.

I understand I am late in filing this document and a penalty could be imposed. Unfortunately, Tim Davis nor I were aware we should file this report until I received a notice stating we should file the UBR or dissolve our corporation. Our company is a little over a year old and I am responsible for the paperwork for the corporation. We did not received a prior notice to file the necessary paperwork. I now understand the UBR should be completed and filed with the State of Florida on an annual basis.

I humbly ask that you waive the \$400.00 penalty associated with late filing due to my lack of understanding of what was required. I can assure you this will not occur again in the future. Thank you for you patience and understanding.

Kind regards,



Wendy F. Davis

Enclosure