

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

DOCUMENT # **P02000081096**

1. Entity Name
ALEXANDER DAVIS PAINTING, INC.



5/12/

**FILED
Jun 30, 2003 8:00 am
Secretary of State**

05-12-2003 90219 025 ***158.75

55050404

| | |
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| Principal Place of Business 400 SCOTIA DRIVE HYPOLUXO FL 33462 | Mailing Address 400 SCOTIA DRIVE HYPOLUXO FL 33462 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

| | | |
|--|--|--|
| GAYNES, DAVID M 7406 CATANIA DRIVE BROWNSON BEACH FL 33437 | David M. Gaynes Attorney at Law 2736 Misty Oaks Circle Royal Palm Beach, FL 33411 | Name Street Address (P.O. Box Number is Not Acceptable) |
| | | City FL Zip Code |

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| 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. |
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|-------------------------------|---|--|---------------------|
| SIGNATURE <i>David Gaynes</i> | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE 6/25/03 |
|-------------------------------|---|--|---------------------|

| | | |
|--|--|---|
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| | | | | |
|--|---|---|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | F DAVIS, ALEXANDER 400 SCOTIA DRIVE HYPOLUXO FL 33462 | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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: *Alexander Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)