FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91296 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000094498

1. Entity Name
DAVIS UNDERGROUND UTILITES, INC.

Principal Place of Business	Mailing Address
3048 BOLL WEEVIL ROAD NOCATEE, FL 34268	3048 BOLL WEEVIL ROAD NOCATEE, FL 34268

11023882

2. Principal Place of Business	3. Mailing Address
	P.O. Box 1514
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Nocatee FL
Zip / Country	Zip: 34268 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 20-0001386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SICA, VINCENT A 10 S DESOTO AVE STE 101 ARCADIA, FL 34266	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 ______________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DP NAME: DAVIS, EDWARD STREET ADDRESS: P.O. BOX 1514 CITY-ST-ZIP: NOCATEE, FL 34268	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DVST NAME: DAVIS, CAROL STREET ADDRESS: P.O. BOX 1514 CITY-ST-ZIP: NOCATEE, FL 34268	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: Edward L Davis 4/25/03 863-990-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #