

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90497 004 ***150.00

DOCUMENT # P02000113847

1. Entity Name
DAVISON BROS. SCREEN PRINTING, INC.



Principal Place of Business
297 POWER CT
SANFORD FL 32771

Mailing Address
297 POWER CT
SANFORD FL 32771

2. Principal Place of Business
240 POWER CT

3. Mailing Address
P. O. Box 625

Suite, Apt. #, etc.
UNIT 116

Suite, Apt. #, etc.

City & State
SANFORD FL

City & State
SANFORD FL

4. FEI Number
03-0482245

Applied For
Not Applicable

Zip
32771

Country
U.S.A

Zip
32772

Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DAVISON, STEVE
297 POWER CT
SANFORD FL 32771

Signature of Steve Davison

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	DAVISON, STEVE	
STREET ADDRESS	297 POWER CT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DAVISON, GEORGE	
STREET ADDRESS	297 POWER CT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, STEVE	
STREET ADDRESS	240 POWER CT, UNIT 116	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, GEORGE	
STREET ADDRESS	240 POWER CT, UNIT 116	
CITY-ST-ZIP	SANFORD FL 32771	
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		

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

Date: **2.25.03** Daytime Phone #: **(407) 688-0290**

CR2E034 (10/02)