

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
Suite, Apt. #, etc.
UNIT 116**

3. Mailing Address
**P. O. Box 625
Suite, Apt. #, etc.**

City & State
SANFORD FL
Zip
32771
Country
U.S.A.

City & State
SANFORD FL
Zip
32772
Country
U.S.A.

4. FEI Number
03-0482245

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVISON, STEVE
297 POWER CT
SANFORD FL 32771**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DAVISON, STEVE
297 POWER CT
SANFORD FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DAVISON, STEVE
240 POWER CT, UNIT 116
SANFORD FL 32771** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
DAVISON, GEORGE
297 POWER CT
SANFORD FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
DAVISON, GEORGE
240 POWER CT, UNIT 116
SANFORD FL 32771** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.25.03 (407) 888-0290

CR2E034 (10/02)