

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


FILED
Mar 10, 2003 8:00 am
Secretary of State

1/2

01-27-2003 90553 041 ***150.00

DOCUMENT # P02000120739

1. Entity Name
DAVIS, KELLER & STONE INC.



Principal Place of Business
11110 W. OAKLAND PK. BLVD.
STE 356
SUNRISE FL 33323
US

Mailing Address
11110 W. OAKLAND PK. BLVD.
STE 356
SUNRISE FL 33323
US



2. Principal Place of Business
7447 NW 57th St

3. Mailing Address
7447 NW 57th St

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
tamarac, fl

City & State
tamarac, fl

Zip
33319

Country
usa

Zip
33319

Country
us

4. FEI Number
03-0491655

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAWKINS, JOSEPH E
11110 W. OAKLAND PK. BLVD
STE 356
SUNRISE FL 33351

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 **1/16/03**

Signature, typed or printed name of registered agent, as 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Joseph Hawkins 11560 NW 29TH ST SUNRISE, FL 33323	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1/16/03** Daytime Phone # **954-597-9180**

STAMP REQUIRED