

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91338 042 ***150.00

DOCUMENT # P93000069533

1. Entity Name
INVERNESS CONSTRUCTION, INC.



Principal Place of Business
**1100 WEST MAIN STREET
INVERNESS FL 34450
US**

Mailing Address
**1100 WEST MAIN STREET
INVERNESS FL 34450
US**



2. Principal Place of Business
110 Highland Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 700
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
INVERNESS, FL.
Zip
34452
Country
USA

City & State
INVERNESS FL
Zip
34451
Country
USA

4. FEI Number **59-3207999**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, ERVIN E
1100 WEST MAIN STREET
INVERNESS FL 34450**

Name

Street Address (P.O. Box Number is Not Acceptable)
1601 S. RIDGEWOOD PT.

City **INVERNESS** FL Zip Code **34452**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ERVIN E 1100 WEST MAIN STREET INVERNESS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, ERVIN E 1100 W MAIN ST INVERNESS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1601 S. RIDGEWOOD PT. INVERNESS FL 34452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1601 S. RIDGEWOOD PT. INVERNESS FL 34452	
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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: SIGNATURE REQUIRED
ERVIN E. DAVIS
Date **4/21/03** Daytime Phone # **352 726 7284**

CR2E034 (10/02)