2002 Uniform Business Report (UBR)

of the corporation or the receiver or trustee emp changed, or on an attachment with an address

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with all c

DOCUMENT # P94000053084 1. Entity Name DAV-LIN INTERIOR CONTRACTORS INC. 03-19-2002 90024 013 ***150.00 Principal Place of Business Mailing Address 11210 PHILLIPS INDUSTRIAL BLVD #13 P O BOX 57517 JACKSONVILLE FL 32256 JACKSONVILLE FL 32241 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3251889 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent Name WALKER, JAMES V Street Address (P.O. Box Number is Not Acceptable) 217 PONTE VEDRA PARK DR PONTE VEDRA FL 32082 City Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 🔀 Delete CR2E034 (9/01) TITLE TITLE M Change ☐ Addition P LEE, DAVID E BUSH, PAUL J. 11210 PHILIPS INDUSTRIAL BLVD. #13 NAME NAME 112 PHILLIPS INDUSTRIAL BLVD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 JACKSONVILLE, FLORIDA 32256 CITY-ST-7IP CITY-ST-7IP VΡ 🔀 Delete Change Ch Addition TITLE TITLE STEVENS, ALLEN R. LEE, LINDSAY NAME NAME 11210 PHILLIPS INDUSTRIAL BLVD 11210 PHILIPS INDUSTRIAL BLVD. #13 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 JACKSONVILLE, FLORIDA 32256 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 🗃 TITLE: Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 rue 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 11 or Block 12 if