

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067088

1. Entity Name

D.L. DAVIS CONSTRUCTION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90038 018 ***150.00

Principal Place of Business

Mailing Address

1912 N 1ST ST
JACKSONVILLE BEACH FL 32250
US

1912 N 1ST ST
JACKSONVILLE BEACH FL 32250-7416
US

2. Principal Place of Business

3. Mailing Address

1908 N. 1st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jax. Bch, FL

Zip

Country

Zip

Country

32250 U.S.

4. FEI Number

59-3267950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

-\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, DEAN L
1912 N 1ST ST
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

1908 N. 1st St.

City

Jax Beach

FL

Zip Code

32250

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
DAVIS, DEAN L
1912 N 1ST ST
JACKSONVILLE BEACH FL 32250 ☐ 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
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: DEAN DAVIS

Date

Daytime Phone #

1/28/00

904.465-7222

CR2E034 (9/99)