## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P94000084036** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name DAVIS PLUMBING, INC. 04-20-2000 90051 004 \*\*\*150.00 Principal Place of Business Mailing Address 1235 32ND AVENUE EAST 1235 32ND AVENUE EAST BRADENTON FL 34208-4211 **BRADENTON FL 34208** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0535130 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHULTZ, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 1101 9TH AVENUE WEST **BRADENTON FL 34205** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ORESIDENT ☐ Addition TITLE TITLE Jelete GIENN A. DAVIS 1235 32ND AVE EAST DAVIS, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 1235 32ND AVENUE EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Addition TITLE TITLE DAVIS, GLENN NAME NAME 1235 32ND AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BRADENTON FL 34208** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS BRADEN TON CITY-ST-ZIP CITY-\$T-ZIP TREASURER ☐ Addition ☐ Delete TITLE TITLE CRAIG A. DAVIS NAME 1235 32 ~0 ME EXOST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

4-14-00 Date

941-758-5164

Daytime