

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90002 044 \*\*\*150.00

DOCUMENT # <i>P95000067274</i>	
1. Entity Name	
Jim Davis Painting Inc	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
3027 Richview Park Circle S		PO Box 14022	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tallahassee, FL		Tallahassee, FL	
Zip	Country	Zip	Country
32308		32317	

**54024107**

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number		Applied For
		59-3343148		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name James B Davis JR. Street Address (P.O. Box Number is Not Acceptable) 3027 Richview Park Circle S City Tallahassee FL Zip Code 32308		

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James B Davis JR. 3027 Richview Circle S Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*James B. Davis, Jr.* James B. Davis, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/04*  
Date

*(850) 545-9218*  
Daytime Phone #