

**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 # *P95000067274*

1. Entity Name
Jim Davis Painting Inc

DO NOT WRITE IN THIS SPACE

54024107

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

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4. FEI Number 59-3343148	Applied For <input type="checkbox"/> 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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE Director	NAME James B Davis JR.
STREET ADDRESS 3027 Richview Circle S	
CITY-ST-ZIP Tallahassee, FL 32301	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
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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.* *3/24/04* *(850)545-9218*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #