

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000030564

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: DAVCON ENTERPRISES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

794 WEKIWA DR
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

794 LITTLE WEKIWA DR
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

794 WEKIWA DR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

794 LITTLE WEKIWA DR
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3370857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOW, DAVID
794 WEKIWA DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CLOW, DAVID
794 LITTLE WEKIWA DR
ALTAMONTE SPRINGS, FL 32714 US

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:

04/22/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CLOW, DAVID
Address: 794 WEKIWA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VS () Delete
Name: CLOW, CONNIE
Address: 794 LITTLE WEKIWA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CLOW, DAVID
Address: 794 LITTLE WEKIWA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CLOW

P

04/22/2002

Electronic Signature of Signing Officer or Director

Date