

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023284

1. Entity Name

W.H. DAVIS CONSTRUCTION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90028 021 ***150.00

Principal Place of Business

1911 E MALLORY ST
PENSACOLA FL 32503

Mailing Address

1911 E MALLORY ST
PENSACOLA FL 32503-6158

2. Principal Place of Business

1428 Sound Forest Dr.

3. Mailing Address

1428 Sound Forest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number 59-3437330

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

32561

Country

USA

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

CHASE, JAMES L
1911 E MALLORY ST
PENSACOLA FL 32503

Name JAMES L CHASE

Street Address (P.O. Box Number is Not Acceptable)
101 E GOVERNMENT ST

City PENSACOLA

FL

Zip Code 32501

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 PVT
NAME DAVIS, WAYNE H
STREET ADDRESS 1911 E MALLORY ST
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE PVT
NAME WAYNE H DAVIS
STREET ADDRESS 1428 SOUND FOREST DR.
CITY-ST-ZIP GULF BREEZE, FL 32561 ☒ Change ☐ Addition

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

3-6-00 850 916 1196

Date

Daytime Phone #