

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076285

1. Entity Name

DAVIDSON PAINTING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90004 032 ***150.00

Principal Place of Business

1202 N 15TH AVE
JACKSONVILLE FL 32250

Mailing Address

1202 N 15TH AVE
JACKSONVILLE FL 32250

654369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Home 1202 15th Ave N.

3. Mailing Address

1202 15th Ave. North

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL.

City & State

Jacksonville Beach, FL.

4. FEI Number

59-3477523

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MICHEALYN C
1125 13TH AVE N
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

N/A

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, 2001 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

TITLE **P** ☐ Delete
NAME **DAVIDSON, DOUGLAS S**
STREET ADDRESS **1202 N 15TH AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Douglas Davidson, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

(904)249-6253

Daytime Phone #

CR2E034 (10/00)