

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90391 047 \*\*\*150.00

**DOCUMENT #**

**1. Entity Name**

P97000076285  
Davidson Painting, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1202 15th Ave. North

**3. Mailing Address**

PO Box 16238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL.

City & State  
Jacksonville, FL.

**4. FEI Number**

59-3477523

Applied For

Not Applicable

Zip  
32250

Country  
USA

Zip  
32245

Country  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
Michealyn C. Adams

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

1125 13th Ave. North

Jacksonville Beach

City

FL

Zip Code  
32250

**DO NOT WRITE  
IN THIS SPACE**

**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** *NA* *Douglas S. Davidson* *DSD*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~4-25-02~~

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
President & CEO  
Douglas S. Davidson  
1202 15th Ave N.  
Jacksonville Beach, FL 32250

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

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Douglas S. Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

904-591-8795

CR2E034B (12/01)