## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2002 8:00 am P98000039597 DOCUMENT # Secretary of State 1. Entity Name MICHAEL DAVIS ELECTRIC CO., INC. 01-30-2002 90118 032 \*\*\*150.00 Principal Place of Business Mailing Address 1829 PLAINFIELD AVE 1829 PLAINFIELD AVE. ORANGE PARK FL 32073 ORANGE PARK FL 32073. US Principal Place of Business 3. Mailing Address 15 KIVERWOOD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3510524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, DAVID A ESQ Street Address (P.O. Box Number is Not Acceptable) 1416 KINGSLEY AVE **ORANGE PARK FL 32073** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Address DAVIS, MICHAEL D 315 RIVERWOOD DR NAME 1829 PLAINFIELD AVE STREET ADDRESS STREET ADDRESS ORANGE PARK 71 32003 ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Address DAVIS, JO NAME 315 RIVERWOOD DR Ad ORANGE PARK 71 3 Zors NAME 1829 PLAINFIELD AVE STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 4 1 34 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR