

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90157 039 ***150.00

DOCUMENT # P98000045115

1. Entity Name
DAVIS PAINTING SERVICES INC.



Principal Place of Business
430 BANANA CAY DR.
APT. B
DAYTONA BEACH FL 32119

Mailing Address
1846 TARA MARIE LANE
PORT ORANGE FL 32128

2. Principal Place of Business
1846 TARA MARIE LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ORANGE FL

City & State

Zip
32128

Country
US

Zip

Country

4. FEI Number
59-3512622

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, CHRISTOPHER
430 BANANA CAY DR.
APT. B
DAYTONA BEACH FL 32119

Name
Street Address (P.O. Box Number is Not Acceptable)
1846 TARA MARIE LANE

City **PORT ORANGE** **FL** **Zip Code** **32128**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 - Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **DAVIS, CHRISTOPHER**
STREET ADDRESS **430 BANANA CAY DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **PVST** ☒ Change ☐ Addition
NAME **DAVIS, CHRISTOPHER**
STREET ADDRESS **1846 TARA MARIE LANE**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Chris A. Davis*

Date

Daytime Phone #

4/1/03

760-4711

CR2E034 (10/02)