

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067385

1. Entity Name

DAVIS MECHANICAL, INC.

**FILED**  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90049 010 \*\*\*150.00

Principal Place of Business

3789 MIL-LAKE CT.  
GREENACRES FL 33463

Mailing Address

3789 MIL-LAKE CT.  
GREENACRES FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0938082

Applied For  
Not Applicable

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

DAVIS, ERROL  
3789 MIL-LAKE CT.  
GREENACRES FL 33463

Name DAVIS, ERROL

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

3110 W 45<sup>th</sup> ST Suite 20

City W.P.B.

FL

Zip Code 33407

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

*Errol Davis* PRES.

4/9/02

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

(NOTE: Registered Agent signature required when restate.)

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, 2004, 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 NAME DAVIS, ERROL ☐ Delete  
STREET ADDRESS 3789 MIL-LAKE CT.  
CITY-ST-ZIP GREENACRES FL 33463

TITLE NAME DAVIS, ERROL ☒ Change ☐ Addition  
STREET ADDRESS 3110 W. 45<sup>th</sup> ST Suite 20  
CITY-ST-ZIP WEST PALM BCH, FL 33407

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Errol Davis* PRES.

Errol Davis

4/9/02 561-656-4255