

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58959

1. Entity Name

DAVIS AND SON'S SWEEPING, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90050 022 ***150.00

Principal Place of Business

Mailing Address

440 LEACH DR
PUNTA GORDA FL 33950

440 LEACH DR
PUNTA GORDA FL 33950-2950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0265795

Applied For

Not Applicable

Zip

Country

Zip

Country

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, ROBERT
440 LEACH DR
PUNTA GORDA FL 33950

Name

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

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, 2000 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 DP ☐ Delete
NAME DAVIS, ROBERT
STREET ADDRESS 440 LEACH DR
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE VP ☐ Delete
NAME DAVIS, DEBBIE J
STREET ADDRESS 440 LEACH DR
CITY-ST-ZIP PUNTA GORDA FL 33952

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

TITLE S ☒ Delete
NAME LLOYD, TOM
STREET ADDRESS 3523 AMANDA ST
CITY-ST-ZIP PUNTA GORDA FL 33952

TITLE ☒ Change ☐ Addition
NAME Seth N. Davis
STREET ADDRESS 440 Leach Drive
CITY-ST-ZIP Punta Gorda, FL, 33950

TITLE T ☒ Delete
NAME BINDES, RAY
STREET ADDRESS 7370 PINNADE PINES DR
CITY-ST-ZIP FT MYERS FL 33948

TITLE ☒ Change ☐ Addition
NAME JUSTIN R. Davis
STREET ADDRESS 440 Leach Drive.
CITY-ST-ZIP Punta Gorda FL 33950

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/07/00

Daytime Phone #

941-639-7868

CR2E034 (9/99)