FILED
May 29, 2002 8:00 am
Secretary of State
04-11-2002 90027 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12813

1. Entity Name
BOONE & DAVIS, P.A.

Principal Place of Business	Mailing Address
2311 N. ANDREWS AVE. WILTON MANORS FL 33311	2311 N. ANDREWS AVE. WILTON MANORS FL 33311

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2280853 ☐ 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
BOONE, DAVID WM. 2311 N. ANDREWS AVE. WILTON MANORS FL 33311	Name ~~Michael S. Davis~~ Street Address (P.O. Box Number is Not Acceptable) 2311 N Andrews Ave City Fort Lauderdale Fl. FL Zip Code 33311

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] 5-11-02
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, 2002 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 STREET ADDRESS CITY-ST-ZIP	PD BOONE, DAVID WM. 2311 NORTH ANDREWS AVE. WILTON MANORS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Wm. Boone 2311 N Andrews Ave Fort Laud Fl. 33311	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MICHAEL S. 2311 NORTH ANDREWS AVE. WILTON MANORS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~VPD~~ President, secretary Michael S. Davis 2311 N Andrews Ave Fort Lauderdale Fl. 33311	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] Michael S. Davis President 3-31-02 954 566 9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #