2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 301333** DAVEY REALTY, INC. 04-16-2001 90258 048 ***150.00 Principal Place of Business Mailing Address 2737 E. OAKLAND PARK BLVD. 2737 E. OAKLAND PARK BLVD. #202 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLON JR.JOHN T Street Address (P.O. Box Number is Not Acceptable) 27/3で2701A E. OAKLAND PK.BLVD FORT LAUDERDALE FL 33306 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, 2001 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. ☐ Delete TITLE ☐ Change Addition TITLE DAVEY, SCOTT R. NAME NAME 2348 SE 13TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE Delete TITLE Change Addition DAVEY, GORDON NAME NAME STREET ADDRESS 2348 SEV13 CT STREET ADDRESS CITY-ST-ZIP POMPANO BCH, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete CARLON, JR. JOHN T. NAME_ NAME 2737 E. OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33306 CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition DAVEY, LORINE NAME NAME STREET ADDRESS 2348 SE 13 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33062 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

rdon R. Davey 4-6-01