FILED

Feb 21, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404728 **Secretary of State** 1. Entity Name 02-21-2002 90161 024 ***150.00 DAVIS PROPERTIES, INC. Principal Place of Business Mailing Address DAVIS PROPERTIES INC P O BOX 1528 NEW PORT RICHEY FL 34656 6012 PINE HILL RD PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address 1113 Kapok Circle 1113 Kapok Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1409247--Clearwater FL 33759 Clearwater M. 33.220 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33759 USA 3375<u>9</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Harris Cook DAVIS, JAMES H t Address (P.O. Box Number is Not Acceptable) 10 Ridge Road 6624 US HWY 19 **NEW PORT RICHEY FL 34652** Port Richey 14668 8. The above named entity submits and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)☐ Delete Change Addition TITLE TITLE DAVIS JAMES H. NAME NAME DAVIS, JAMES H 14006 SHIMMERING LAKE COURT **CR2E034** STREET ADDRESS 6828 RIVER RD STREET ADDRESS MYERS, FL 33907 CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIP FORT Addition TITLE ☐ Delete TITLE Change VPST NAME NAME DUFF, DORIS D STREET ADDRESS STREET ADDRESS 1113 KAPOK CIRCLE CITY-ST-ZIP CITY-ST-ZIE **CLEARWATER FL** <u>3375</u>9 SIP CODE ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PERIOD CONTROL DAY TO DAY

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