## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # F29023** 1. Entity Name DAVDON, INC. 02-13-2001 90566 046 \*\*\*150.00 Mailing Address Principal Place of Business 3236 HALL'S CHAPEL RD 103-JASMINE WAY CLEARWATER FL 34610-3021 BURNSVILLE NC 28714-6743 US 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2075073 Not Applicable learwate Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33765 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - WALKER, DONALD J. Street Address (P.O. Box Number is Not Acceptable) -403 JASMINE WAY - CLEARWATER FL 34616 Drew Street Zip Code 3 3 7 6 5 changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits his statement for the purpose (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE WALKER, DONALD L NAME 3236 Hall's Chapel Rd. Burnsville, NC 28714-6743 STREET ADDRESS 403 JASMINE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34616-3821 ☐ Addition TITLE ☐ Delete TITLE WALKER, KAREN KL NAME NAME 3236 Hall's Chapel Rd. Burnsville, NC 28714-6743 STREET ADDRESS STREET ADDRESS 403 JASMINE WAY CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34616-3821** ☐ Delete TITLE NAME≠≒≒ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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 at other like empowered.

SIGNATURE: