2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State J19200 DOCUMENT # 1. Entity Name 01-31-2002 90066 037 ***158.75 HENRY DAVIS HOUSE, INC. Principal Place of Business Mailing Address 4711 BEGGS RD 4711 BEGGS RD 4711 BEGGS ROAD 4711 BEGGS ROAD ORLANDO FL 32810 ORLANDO FL 32810 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. Applied For 4. FEI Number City & State City & State 59-2694559 Not Applicable 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 Name GODZIK, SANDRA J. Street Address (P.O. Box Number is Not Acceptable) 4711 BEGGS ROAD ORLANDO FL 32810 Zip Code City 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change Addition TITLE TITLE GODZIK, FRANK D. NAME NAME STREET ADDRESS STREET ADDRESS 4711 BEGGS ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Addition ☐ Change ☐ Delete TITLE NAME NAME GODZIK, SANDRA J. STREET ADDRESS STREET ADDRESS **4711 BEGGS ROAD** CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL Bibina Renta Change Delete ☐ Addition TITLE NAME NAME SUGGS, CARIDAD 4711 BEGGS RD STREET ADDRESS 4711 BEGGS ROAD STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-7IF ORLANDO FL 32810 □ Change Addition ☐ Delete TITLE TITLE NAME GINT OF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

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FILED

Daytime Phone #

CR2E034 (9/01)