## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) K98903 DOCUMENT # 1. Entity Name

Country

Mailing Address

202 BUCK DR

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

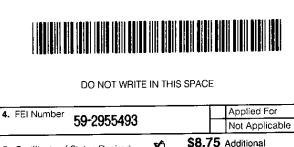
US

C/O CHARLES W. DAVIS

FT WALTON BCH FL 32548

May 15, 2002 8:00 am Secretary of State

05-15-2002 90081 042 \*\*\*158.75



Fee Required

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent DAVIS, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 202 BUCK DR FT WALTON BCH FL 32548 Zip Code City office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registore (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME DAVIS, CHARLES W. NAME STREET ADDRESS STREET ADDRESS 202 BUCK DR CITY-ST-ZIP FT WALTON FL 32548 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

C.W. DAVIS, INC.

Principal Place of Business

C/O CHARLES W. DAVIS

FT WALTON BCH FL 32548

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

202 BUCK DR

Daytime Phone #