

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 100000007857

1. Entity Name

DAVIS & HARVEY, LLC

FILED

01 JUN 11 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15 ELM GROVE
CARYSFORD AVENUE
BLACKROCK COUNTY,
DUBLIN, IRELAND

Mailing Address

~~15 ELM GROVE~~
~~CARYSFORD AVENUE~~
~~BLACKROCK COUNTY~~
~~DUBLIN, IRELAND~~

2. Principal Place of Business

3. Mailing Address

215 NORTH EOLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip
32801

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MLH

6. Name and Address of Current Registered Agent

MICHAEL A. RYAN
215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MRGM
NAME
STREET ADDRESS
CITY - ST - ZIP

MANAGING MEMBER ☐ Delete
PAUL DAVIS
15 ELM GROVE CARYSFORD AVENUE
BLACKROCK COUNTY, DUBLIN, IRELAND

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE MRGM
NAME
STREET ADDRESS
CITY - ST - ZIP

MANAGING MEMBER ☐ Delete
PHILIP HARVEY
2 KNOCKSINNA
FOXROCK, DUBLIN 18 IRELAND

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PAUL DAVIS, MANAGING MEMBER

4/30/01

Date

Daytime Phone #

CR2E083 (11/00)