2002 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country S. Certificate of Status Desired S. Se. 75 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSE, WILLIAM LAWRANCE 6759 WILLOW LAKE CIRCLE FT. MYERS FL 33912 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax Ming requirement and elected to do so. After May 1, 2002 Fee will be \$550.00 TO ST DAWNS, MICHAEL E. SIGNATURE SINGER ADDRESS OFF-ST-2P TITLE DAYS, MICHAEL E. STET ADDRESS OFF-ST-2P TITLE DAYS, MICHAEL E. STET ADDRESS OFF-ST-2P TITLE DAYS MILLOW LAKE CIRCLE FT. MYERS FL 33912 TITLE Delete TITLE	DOCUMENT # L25543 1. Entity Name DAVIS AND ROSE, INC.							Secretary of State 02-07-2002 90053 035 ***150.00			
Surie, Apt. #, etc. Suite, Apt. #, etc. Cry & State Cry &	6759 WILLOW LK CIR FT. MYERS FL 33912			6759 WILLOW LK CIR FT. MYERS FL 33912					B)) 8:80) 8:80) 8:80) 8		
City & State Country	2. Principal Pl	ace of Busin	ess	3. Mailing Address				- I RODAKBAR BIR 1800 I BIRDI BIRNI BIRDO IIIK BADAR DIDIR BIRDI DIDIR D			
Zip Country Zip Country S. Certificate of Status Desired S. Se. 75 Additional Fee Required 6. Name and Address of Current Registered Agent	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) City	City & State			City & State			4 . F	4. FEI Number 65-0155212 Applied For Not Applicable			
ROSE, WILLIAM LAWRANCE 6759 WILLOW LAKE CIRCLE FT. MYERS FL 33912 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and 150 / 8 population. (NOTE: Registered Agent signature resulted with a restrict of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and 150 / 8 population. (NOTE: Registered Agent signature resulted with a section of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and 150 / 8 population. (NOTE: Registered Agent signature resulted with a section of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and 150 / 8 population. (NOTE: Registered Agent signature results in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and 150 / 8 population. (NOTE: Registered Agent signature results in the State of Florida. SIGNATURE Signature results in the Signature results in the Signature results in the Signature results in	Zip Country			Zip Country		5. C	ertificate of Status Desired				
ROSE, WILLIAM LAWRANCE 6759 WILLOW LAKE CIRCLE FT. MYERS FL 33912 City FL Zip Code		6. Name	and Address of Current	t Registered Agent	,	Name	7. N	ame and Address of New Register	ed Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its interplated agent and to all applicable. PROTE Registered Agent agreement encursor displayment required when remaining. 9. This corporation is eligible to satisfy its interplate Agent agreement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DST DAYS, MICHAEL E. 6759 WILLOW LK CIRCLE FT. MYERS FL 33912 TILE NAME SIREMADRESS CITY-ST-2P TILE OCHORGE CITY-ST-2P CITY-ST-2P TILE OCHORGE CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CIT	ROSE, WILLIAM LAWRANCE										
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 17. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 17. STREET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME					Street Address (O. Box Nullider is Not Acceptable)			
SIGNATURE Signame, typod or primed name of registered agent and title if applicable. NOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intanglole Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11.	FT. MYER	2									
SIGNATURE Signame. Nipad or printed name of registered agent and side if applicable. P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. (See criteria on back) Titl. OFFICERS AND DIRECTORS TITLE TITLE TORY: ST-ZP TITLE TIT						City			Zip Code	,	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DAYS, MICHAEL E. 6759 WILLOW LK CIRCLE FT MYERS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	SIGNATURE _	Signature, typed	or printed name of registered agen	t and title if applicable. (NC	OTE: Registere	d Agent signature requ		instating) DA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Tax filing r	equirement	·	After May 1, 2	002 Fee	will be \$550.0					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DAVIS, M 6759 WIL	LOW LK CIRCLE	Delete	NAM STRI	IE EET ADDRESS			Change	Addition	
TITLE	NAME STREET ADDRESS	ROSE, W 6759 WIL	LOW LAKE CIRCLE	☐ Delete	NAM STRI	IE EET ADDRESS			☐ Change	☐ Addition	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTHE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	11. 111.	10 1 2 000 12	- · - Delete	NAN STR	TE EET ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TYPE	TITLE NAME STREET ADDRESS			☐ Delete	NAA STR	ME EET ADDRESS			☐ Change	Addition	
Change Cla	TITLE NAME STREET ADDRESS		- ip	☐ Delete	NAA STR	AE EET ADDRESS			☐ Change	Addition	
TITLE NAME 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 of the control of the state of	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STR CIT	AE EET ADDRESS Y-ST-ZIP			[] Change	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am an officer or director of the corporation or the receiver or trustee emissioned 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.

SIGNATURE: