FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State M20108 DOCUMENT # 1. Entity Name 01-16-2002 90049 032 ***150.00 DAVE REEVES, INC. Principal Place of Business Mailing Address 14281 COLLECTING CANAL RD. 14281 COLLECTING CANAL RD. LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2579065 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REEVES, DAVID Street Address (P.O. Box Number is Not Acceptable) 14281 COLLECTING CANAL RD LOXAHATCHEE FL 33470 City Zip Code FL 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE Change TITLE NAME REEVES, DAVID NAME STREET ADDRESS STREET ADDRESS 14281 COLLECTING CANAL RD CITY-ST-ZIP LOXAHATCHEE FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DTS NAME REEVES, CONNIE NAME STREET ADDRESS STREET ADDRESS 14281 COLLECTING CANAL RD CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL ☐ Addition TITLE Delete TITLE Change DS NAME NAME MEDINA, PEDRO STREET ADDRESS STREET ADDRESS 14339 COLLECTING CANAL ROAD CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE. ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE: 12