

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90149 025 ****61.25

DOCUMENT # N00000001681

1. Entity Name

DAVIS ISLANDS CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

238 EAST DAVIS BLVD.
TAMPA FL 33606238 EAST DAVIS BLVD.
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3640955

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, SCOTT F
234 EAST DAVIS BLVD.
TAMPA FL 33606

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 this if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/29/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINK, JOHN J 238 E.DAVIS BLVD TAMPA FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Frijout 238-East Davis Boulevard Tampa, FL 33606 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPP, BARABRA 238 E.DAVIS BLVD TAMPA FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Larry Pollin 238 E. Davis Boulevard Tampa, FL 33606 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAGLAND, PATTY 238 E.DAVIS BLVD TAMPA FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

813 254-5100