2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P0000008863 DAVIS-YEISER, INC. 02-03-2001 90078 011 ***150.00 Principal Place of Business Mailing Address C/O GRANT, FRIDKIN, PEARSON ATHAN & CROWN C/O GRANT, FRIDKIN, PEARSON ATHAN & CROWN 5551 RIDGEWOOD DRIVE. SUITE 501 5551 RIDGEWOOD DRIVE. SUITE 501 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-0930538 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROWN, HOWARD L Street Address (P.O. Box Number is Not Acceptable) GRANT, FRIDKIN, PEARSON, ATHAN & CROWN PA 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108 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, 2001 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. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DAVIS, ROGER J STREET ADDRESS 3908 ASHFORD LAKE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete TITLE Change ■ Addition NAME SPURLIN YEISER, LOUISE NAME STREET ADDRESS STREET ADDRESS 222 HARBOUR DRIVE UNIT 503 C CLUB CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME^{*} STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #