FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

| 1. Entity Name | | | | 05-21-2002 91191 016 ***150.00 | |
|---|---|--------------------------|--|---|------|
| 7 | OHN D. DAVIS | | , | | |
| . p.u | | | | | |
| | DO NOT WRITE | IN THIS | SPACE | | |
| | Mace of Business DOMINGDALR VILLAS CT | 3. Mailing Address | SACONO WINAC ST | | |
| Suite, Apt. | | Suite, Apt. #, etc. | ning DAIR VILLAS CT | DO NOT WRITE IN THIS SPACE | |
| BRANDO! | | BRANDON | FLORIDA | 4. FEI Number 59 - 370765 4 Applied Fo | |
| 33511 | Country | 33511 | Country USA | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| اد است د د د | | - 2 | Name (n) | 7. Name and Address of Current Registered Agent | |
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| | IN THIS SP | | | | |
| | | | 343 A | IMERIA AVENUE | |
| 8 The shows | named outline submits this statement for | y the engage of the said | LORA | GABIES FL Zip 3:31 3 4 red agent, or both, in the State of Florida. | |
| v. me above | named disky scomes this statement to | r the purpose or chang. | ing its registered dirice or registe | red agent, or both, in the state of Florida. | |
| ¿SIGNATURE . | Signiture, typed or printed name of registered agent | and title 4 applicable. | (NOTE: Registered Agent signature require | il When revistatorg) DATE | |
| ç 9. This corpo | pration is eligible to satisfy its Intangible | | 1 - May 1 Fee is \$150.00 | | |
| 🚡 Tax filing r | requirement and elects to do so. | Arno | May 1, Fee is \$550.00 ended UBR is \$61,25 | 10. Election Campaign Financing Trust Fund Contribution. Added to Fees | |
| 11. | OFFICERS AND | | Payable to Department of Sta | 18 . | S |
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| STREET ADDRESS | JOHN D. DAVIS 3207 RIDOMINGDALE VI | lias ct | THEE NAME STREET ADDRESS | | \$ |
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| CITY-ST-ZIP TITLE | 3707 Blooming Dale Vi BRANDON FL 33.511 V. PSTD TERRI L. DAVIS 3207 Blooming DALE VIIII | | RAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | S |
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indicated on this report or supplies with this litting does not quality 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 on an attachment with an address, with all other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

4/27/02 813/084-5455