FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90071 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081160

1. Entity Name
Davenport Consulting Inc.

DO NOT WRITE IN THIS SPACE

80058638

2. Principal Place of Business	3. Mailing Address
240 Crandon Blvd.	240 Crandon Blvd.
Suite, Apt. #, etc. Suite 207	Suite, Apt. #, etc. Suite 207
City & State KEY BISCAYNE, FL.	City & State KEY BISCAYNE, FL.
Zip 33149 Country USA	Zip 33149 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1130138 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name MARTIN MELHEM
Street Address (P.O. Box Number is Not Acceptable) 240 Crandon Blvd
Suite 207
City KEY BISCAYNE FL Zip Code 33149

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] MARTIN MELHEM PRESIDENT 3/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	MARTIN MELHEM	NAME	
STREET ADDRESS	240 Crandon Blvd. # 207	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL. 33149	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARTIN MELHEM 3/25/02 (305)361-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #