## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 29, 2002 8:00 am Secretary of State DOCUMENT # P01000090109 04-29-2002 90108 047 \*\*\*150.00 1. Entity Name DAVKEN DEVELOPMENT, INC. Principal Place of Business Mailing Address 2840 SCHERER DRIVE 2840 SCHERER DRIVE SUITE 460 SUITE 460 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country 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 Name PLESS, DAVID A JR. Street Address (P.O. Box Number is Not Acceptable) 2840 SCHERER DRIVE **SUITE 460** ST. PETERSBURG FL 33716 City 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 title if applicable. (NOTE: Registered Agent signature required when re-DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. PRESIDENT - DAVID A. RESS | Delete 11901 44 ST. N. APTIII ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2F034 (9/01) ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ST. PETERSBUNG, FL 3371 CITY-ST-ZIP CITY-ST-71P FAFASURER KENDER WARAURST TITLE □ Change ☐ Addition 14813 FEATHER COVE CANE NAME NAME STREET ADDRESS STREET ADDRESS Leavisativ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARKE STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE . Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section †19.07(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 cath; 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.

**FILED**