2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P93000005813** Mar 14, 2000 8:00 am 1. Entity Name Secretary of State THE DAVIS BARONE AGENCY, INC. 03-14-2000 90008 015 ***150.00 Principal Place of Business Mailing Address 2061 NW 2ND AVE 2061 NW 2ND AVE **STE 104 STE 104 BOCA RATON FL 33431-7418 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0382642 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O. Boy Number is Not Acceptable) DAVIS, PAUL JR 3200 N. MILITARY TRAIL SUITE 300 **BOCA RATON FL 33431** 35437 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS Addition TITLE **DPVT** ☐ Delete TITLE ☐ Change DAVIS, PAUL NAME NAME STREET ADDRESS 3200 N. MILITARY TRAIL, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change ☐ Addition TITLE Delete TITLE Debbie L. Day's 5601 DesCartes Circle DAVIS, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 3200 N. MILITARY TRAIL, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE 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.

OFFICER OR DIRECTOR