FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am § Secretary of State DOCUMENT # P93000054639 1. Entity Name 04-30-2002 90028 043 ***158 LAVERY, INC. Principal Place of Business Mailing Address 7128 NW 52ND TERR 7128 NW 52ND TERR GAINESVILLE FL 32653-7004 GAINESVILLE FL 32653-7004 HS 2. Principal Place of Business 4507 N.W. 6th 3. Mailing Address Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3199879 t lorido Gainesville Not Applicable 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 LARERY, CHRISTOPHER D. Street Address (P.O. Box Number is Not Acceptable) 7128 NW 52ND TERRACE GAINESVILLE; FL 32653-7004 Zip Code City 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) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME LAVERY, WILLIAM K NAME STREET ADDRESS STREET ADDRESS 12102 NW 147TH PLACE CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LAVERY, CHRISTOPHER D. NAME STREET ADDRESS STREET ADDRESS 7128 NW 52ND TERRACE CITY_ST-ZIP GAINESVILLE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP 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.

SIGNATURE: