2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000071553 Apr 10, 2000 8:00 am Secretary of State DAVIS SERVICES CORPORATION 04-10-2000 90165 039 ***150.00 Principal Place of Business Mailing Address 9600 KOGER BLVD 9600 KOGER BLVD SUITE 231 SUITE 231 ST PETERSBURG FL 33702-2467 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3334573 Not Applicable Zip \$8.75 Additional Zip Country Country Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 9600 KOGER BLVD, SUITE 231 **STE 108** ST PETERSBURG FL 33702 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. 11. SPD ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, WILLIAM NAME NAME STREET ADDRESS 664 TALLAHASSEE DR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 of 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 ke empowered.

NAME.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00

727 570 8888

Daytime Phone #