## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 06, 2002 8:00 am Secretary of State DOCUMENT # P96000093792 1. Entity Name 05-06-2002 90055 038 \*\*\*150.00 DAVIS ISLANDS REALTY, INC. Principal Place of Business Mailing Address 205 EAST DAVIS BOULEVARD 205 EAST DAVIS BOULEVARD TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3411470 Not Applicable Zip Country Zip 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 **GOTTLIEB & GOTTLIEB, P.A.** Street Address (P.O. Box Number is Not Acceptable) 2475 ENTERPRISE ROAD SUITE 100 NAUIS **CLEARWATER FL 34623** 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 (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 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 12. TITLE ŊΡ ☐ Delete TITLE ☐ Change ☐ Addition NAME CHOATE, STEVE M NAME STREET ADDRESS **68 BAHAMA CIR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 36606 ☐ Delete TITLE ☐ Addition Change NAME NAME CHOATE, CINDY A STREET ADDRESS STREET ADDRESS **68 BAHAMA CIR** CITY-ST-ZIP CITY-ST-ZIP TAMPA FL:36606 Vice President H. Ashley Fisher TAMPA PC 33606 Vice President TITLE ☐ Delete TITLE Addition NAME H. Ashley Cishea NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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.

FILED