2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000098689** Jun 05, 2000 8:00 am Secretary of State DAVING INVESTMENTS (U.S.A.) INC. 06-05-2000 90045 006 ***150.00 Principal Place of Business Mailing Address 3935 TORREY RIVER BLVD 3412 CLARK RD #102 SARASOTA FL 34238 SARASOTA FL 34231-8406 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0722251 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 WATKINS, DAVID Street Address (P.O. Box Number is Not Acceptable) 3412 CLARK RD #102 PALMETTO FL 34221 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. DAVID WATELNY SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 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 11. DPST Delete TITLE. TITLE HERRING, DAVID R C NAME STREET ADDRESS 17 MAYFIELD CLOSE STREET ADDRESS CITY-ST-ZIP WORTHING W SURSE UK BN14- 046 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HERRING, MICHELLE LISA NAME STREET ADDRESS 17 MAYFIELD CLOSE STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP WORTHING WISURSE UK BN14- 046 ☐ Delete TITLE ☐ Addition TITLE CASH, RICHARD G NAME NAME STREET ADDRESS 1837 IMPERIAL GOLF COURSE BLVD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP Change ☐ Addition □ Delete TITLE 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 Change Addition Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. HERRING

64 30 00

Daytime Phone #

CR2E034 (9/9