2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P96000102795 1. Entity Name 03-07-2002 90031 043 ***150.00 BJ DAVIS, P.A. Mailing Address Principal Place of Business 4120 N RINGWOOD CIRCLE 4120 N RINGWOOD CIRCLE HERNANDO FL 34442 HERNANDO FL 34442 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEi Number City & State City & State 59-3420984 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACQUELINE DAVIS, JACQUELINE B 4120 N RINGWOOD CIRCLE HERNANDO FL 34442 City INVERNESS 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition **■** Delete TITLE TITI F NAME NAME DAVIS, JACQUELINE B 722 MORAY DRIVE INVERDESS, FL 34453 STREET ADDRESS 4120 N RINGWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP ☐ Addition TITLE TITLE DS NAME 7-22 MORAY DRIVE DAVIS, ROBERT F NAME STREET ADDRESS STREET ADDRESS 4120 N RINGWOOD CIRCLE INTERNESS, FL 34453 CITY-ST-7IP CITY-ST-ZIP HERNANDO FL 34442 ☐ 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 TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME 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

FILED