2001 UNIFORM BUSINESS REPORT (UBR)

Jan 11, 2001 8:00 am DOCUMENT # P97000087575 Secretary of State 1. Entity Name DAVY DESIGNS, INC. 01-11-2001 90048 045 ***150.00 Principal Place of Business Mailing Address 7734 CARDIFF COURT N. 7734 CARDIFF COURT N. ST. PETERSBURG FL 33709-1228 ST. PETERSBURG FL 33709-1228 600606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. Applied For 4. FEI Number City & State City & State 59-3472633 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVY, JANET R Street Address (P.O. Box Number is Not Acceptable) 6377 13TH AVENUE NORTH ST. PETERSBURG FL 33710 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change TITLE ☐ Delete SAME **PSTD** TITLE 7734 CARDIFF CT. No. NAME DAVY, JANET R NAME STREET ADDRESS 6377 13TH AVENUE NORTH STREET ADDRESS St. PETERShurg, FL. 33709-1218 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 Delete TITLE SAME TITLE **VPD** NAME 7734 CARDIFF CT. No. DAVY, LOREN NAME STREET ADDRESS STREET ADDRESS 6377 13TH AVENUE NORTH St. PETERSburg, FL. 33709-1218 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Change ☐ Addition ☐ Delete 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 Change ☐ Addition ☐ 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 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.

Janet R. Davy - Pres.

SIGNATURE

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