2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State P97000087575 DOCUMENT # 1. Entity Name 02-11-2002 90133 041 ***150.00 DAVY DESIGNS, INC. Mailing Address Principal Place of Business 7734 CARDIFF COURT N. 7734 CARDIFF COURT N. ST. PETERSBURG FL 33709-1228 ST, PETERSBURG FL 33709-1228 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3472633 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent 6377 13TH AVENUE NORTH 7734 Cardiff Ct No. DAVY, JANET R Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 9 Zip Code City 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE PSTD Delete DAVY, JANET R NAME NAME 7734 CARDIFF COURT NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33709-1218 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE **VPD** ☐ Delete TITLE NAME NAME DAVY, LOREN 7734 CARDIFF COURT NORTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33709-1218 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: