

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90031 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000571
1. Entity Name DAVLYN ENTERPRISES OF FLORIDA INC

Principal Place of Business 1619 THORNHILL CIRCLE
 OVIEDO FL 32765
Mailing Address 1619 THORNHILL CIRCLE
 OVIEDO FL 32765

659494

2. Principal Place of Business 1619 THORNHILL CIRCLE
 Suite, Apt. #, etc.
3. Mailing Address
 Suite, Apt. #, etc.


DO NOT WRITE IN THIS SPACE

City & State OVIEDO FL
Zip 32765
Country
City & State
Zip
Country

4. FEI Number 65-0854792
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Mr. D.J. MERCER
 1619 THORNHILL CIRCLE
 OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name: D.J. MERCER
 Street Address (P.O. Box Number is Not Acceptable): 1619 THORNHILL CIRCLE
 City: OVIEDO FL Zip Code: 32765

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:  D.J. MERCER OWNER
 Date: 4/26/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT <input type="checkbox"/> Delegate	NAME: D.J. MERCER
STREET ADDRESS: 1619 THORNHILL CIRCLE	CITY-STATE-ZIP: OVIEDO FL 32765
TITLE: VICE PRESIDENT <input type="checkbox"/> Delegate	NAME: E.L. MERCER
STREET ADDRESS: 1619 THORNHILL CIRCLE	CITY-STATE-ZIP: OVIEDO FL 32765
TITLE: <input type="checkbox"/> Delegate	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> Delegate	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> Delegate	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> Delegate	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included 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 partner 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 addendum, with all other like groupings.

SIGNATURE:  D.J. MERCER Date: 4/26/01

CR025024 (11/00)