2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000017146 **DOCUMENT #**

1. Entity Name

D & L VENTURES, INC.



FILED Jan 31, 2003 8:00 am Secretary of State ,

01-31-2003 90385 013 ***150.00

| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOKES, LAURA D 4616 PARK STREET PARKER FL 32404 City FL 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. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. NAME DAVIS, DANIEL W II DAVIS, DAVIEL W II DAVIS, DAVIEL W II DAVIS, DAVIEL W II DAVIS, DAVIEL W II DAVIS DA | | ļ | | | | | | |
|---|---|---|--|------------------------------|--|-------------------------|---------------------------------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired Status | HAN ANDE UN LUI | | | O. BOX 3845 | P.O. | | 2523 BUS 98 PANAMA CITY | |
| City & State Country Solution Solution Solution Country Solution Soluti | - I KODITADA IND IDIDA KATA BARKA BAKA BAKA BAKA BAKA KATA NORTI KATA DALIH CAIL KBOT | | Principal Place of Business 3. Mailing Address | | | | 2. Principal F | |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOKES, LAURA D 4616 PARK STREET PARKER FL 32404 City FL 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. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. NAME DAVIS, DANIEL W II DAVIS, DAVIEL W II DAVIS, DAVIEL W II DAVIS, DAVIEL W II DAVIS, DAVIEL W II DAVIS DA | GES | ☐ CHECK HERE IF MAKING CHANGE | | Suite, Apt. #, etc. | Suit | #, etc. | Suite, Apt. | |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOKES, LAURA D 4616 PARK STREET PARKER FL 32404 City FL 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE NAME DAVIS, DANIEL W II | Applied For Not Applicable | hu-3444344 | | City & State | City | City & State | | |
| STOKES, LAURA D 4616 PARK STREET PARKER FL 32404 Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P DAVIS, DANIEL W II DAVIS, DANIEL W II OANIE ODAVIS, DANIEL W II NAME NAME | Additional | 5 Certificate of Status Desired S8.75 A | ntry | Cip Co | Country Zip | | Zìp | |
| STOKES, LAURA D 4616 PARK STREET PARKER FL 32404 City FL 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. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE P DAVIS, DANIEL W II NAME NAME | | <u> </u> | T | ered Agent | and Address of Current Registers | 6. Name | | |
| ## Address (P.O. Box Number is Not Acceptable) City | | | Name | | | | | |
| City FL 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FÉE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PAME DAVIS, DANIEL W II City FL Zip Code 2. Delete TITLE PAME OFFICERS AND DIRECTORS IN 11 Change A City Title Delete TITLE NAME | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE | | | | | | | | |
| the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State | Code | FL Zip Co | City | • | • | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE P DAVIS, DAVISLE W III NAME ONTE: Registered Agent signature required when reinstating) P Election Campaign Financing Trust Fund Contribution. \$5.00 Max | vith, and accept | ered agent, or both, in the State of Florida. I am familiar wit | red office or register | urpose of changing its regis | | ions of registe | the obligat | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P Delete TITLE NAME DAVIS, DANIEL W II | | ed when reinstating) DATE | ed Agent signature required | applicable. (NOTE: Regis | or printed name of registered agent and title if app | Signature, typed o | SIGNATURE . | |
| TITLE P Delete TITLE Change A | 5.00 May Be dded to Fees | Trust Fund Contribution. | | | 03 Fee will be \$550.00 Florida Department of State | May 1, 200 | Afte Make Check | |
| NAME DAVIS, DANIEL W II NAME | | | | | OFFICERS AND DIRECTO | Ď | | |
| STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 STREET ADDRESS CITY-ST-ZIP | ige Addition | □ Change | ME EET ADDRESS | | 472 <u>}</u> | DAVIS, DAI PO BOX 34 | NAME STREET ADDRESS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 is supplied with the information supplied with the information supplied with the information supplied with 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 supplied with the information supplied with the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with | | | AE EET ADDRESS 7-ST-ZIP | S | To for Asia Annualization that the com- | ortifi, this are | NAME STREET ADDRESS CITY-ST-ZIP | |

indicated on this report or supplier ental 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 requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: