2001 UNIFORM BUSINESS REPORT (UBR) FILED Jul 19, 2001 08:00 AM P98000068664 DOCUMENT# 1. Entity Name **Secretary of State** A. DAVIS INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1234 AIRPORT ROAD, SUITE 127 1234 AIRPORT ROAD, STE 127 FL DESTIN FL 32541 32541 2. Principal Place of Business 3. Mailing Address 53 YACHT CLUB DRIVE #5 53 YACHT CLUB DRIVE #5 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT WALTON BEACH FL FORT WALTON BEACH. 59-3536697 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTHEWS DANA CESQ C/O MATTHEWS & HAWKINS, P.A. Street Address (P.O. Box Number is Not Acceptable) 607 HIGHWAY 98 EAST DESTIN FL32541 US 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. SIGNATURE 07/19/2001 Signature, typed or printed name of registered agent and title if applicable, (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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME ANASTASIA DAVIS NAME BRENDA ZAMPIERI 5901 PALM TRACE DR#212 STREET ADDRESS STREET ADDRESS 53 YACHT CLUB DRIVE #5 CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP FORT WALTON BEACH ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

07/19/2001

Daytime Phone #

Date

Brenda Zampieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _