2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P98000077486** 1. Entity Name DAVENKIM, INC. 04-18-2000 90002 026 ***150.00 Mailing Address Principal Place of Business 306 NEBRASKA AVE. 306 NEBRASKA AVE. LONGWOOD FL 32750-6767 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3532207 Not Applicable Country \$8.75 Additional 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 Name KWIATKOWSKI, HARRY S Street Address (P.O. Box Number is Not Acceptable) 306 NEBRASKA AVE. LONGWOOD FL 32750 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. **DPST** TITLE ☐ Change Addition TITLE ☐ Delete KWIATKOWSKI, HARRY S NAME NAME STREET ADDRESS STREET ADDRESS 306 NEBRASKA AVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition [] Change TITLE ☐ Delete TITLE KWIATKOWSKI, JUDITH L NAME NAME 306 NEBRASKA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LONGWOOD FL 32750 Change ☐ Addition TITLE ☐ Delete TITLE KWIATKOWSKI, DAVID S NAME NAME STREET ADDRESS STREET ADDRESS 310 S.E. 31ST TERRACE CITY-ST-ZIE CITY-ST-ZIP OCALA FL 34471 ☐ Change ☐ Addition Delete TITLE TITLE. KWIATKOWSKI, KIMBERLY L NAME STREET ADDRESS STREET ADDRESS **306 NEBRASKA AVE** CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 of ruspee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SKWIATKOWSKI Ylizloo

407849167

Daytime Phone #