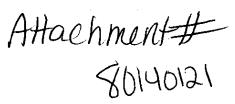
FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT**

Aug 25, 2003 8:00 am Secretary of State P99000022179 DOCUMENT # 08-25-2003 90102 029 ***150.00 1. Entity Name DAVE'S PRO SHOP, INC. Principal Place of Business Mailing Address 9275 BIRD ROAD 9275 BIRD ROAD MIAMI FL 33165 MIAM! FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0905617 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **EDWARD COVINGTON, DAVID** Street Address (P.O. Box Number is Not Acceptable) 9275 BIRD ROAD **MIAMI FL 33165** 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 accept the obligations of registered agents 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 \$550.00 ₹9. Election Campaign Financing* \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addition COVINGTON, DAVID NAME NAME 9275 SW 40 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 10 or Block 11 if

SIGNATURE:



To whom it mat concern,

Enclosed please find a replacement check in the amount of \$150.00. I am sending it along with a copy of the original check that was mailed on April 25, 2003 For the UBR for my company Doc # p99000022179.

Thank you for your time.

David Covington — — — davesproshop@bellsouth.net

Daves Pro Shop Inc.

305 553 5396

.

. . .

...