## **FILED** May 15, 2002 8:00 am secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034586 1. Entity Name DAVIS & PALMER CONSTRUCTION, INC. 05-15-2002 90146 043 \*\*\*150 00 Principal Place of Business Mailing Address 9497 SOUTH DIXIE HIGHWAY 9497 SOUTH DIXIE HIGHWAY 982306 SUITE 114 SUITE 114 MIAM! FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0910943 Not Applicable Zip 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE -CORAL GABLES FL 33134 City 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 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME BURKE, MITA M NAME 9497 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33156** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BURKE, MITA M NAME NAME STREET ADDRESS 9497 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP -CD ☐ Delete TITI F Change Addition NAME. DAVIS, HOWARD. NAME STREET ADDRESS 9497 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 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-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.