

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91464 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P99000063074			
1. Entity Name THE DAVIDSON GROUP, INC			
Principal Place of Business 690 OSCEOLA AVENUE SUITE 202 WINTER PARK, FL 32789		Mailing Address 690 OSCEOLA AVENUE SUITE 202 WINTER PARK, FL 32789	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3587485		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDSON, ROY 690 OSCEOLA AVENUE SUITE 202 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name AVALON L. EDWARDS Street Address (P.O. Box Number is Not Acceptable) 690 OSCEOLA AVE - SUITE 302 City WINTER PARK FL Zip Code 32789	
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 agent. SIGNATURE <i>Avalon L. Edwards</i> DATE 4-22-03 (Signature, typed or printed name of registered agent and if it is applicable. (NOTE: Registered Agent's signature required when it is filed.)			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, ROY 690 OSCEOLA AVE STE 202 WINTER PARK, FL 32789 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AVALON L. EDWARDS 690 OSCEOLA AVE SUITE 302 WINTER PARK, FL 32789 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN BOARD ROY DAVIDSON 690 OSCEOLA AVE SUITE 202 WINTER PARK FL 32789 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 registered 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: <i>Roy Davidson</i> DATE: 4/22/03 OFFICE PHONE: 407-599-5300			

CR2034 (10/02)

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