

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90133 013 ***150.00

DOCUMENT # **F93000003276**

1. Entity Name
DRISCOLL'S OF FLORIDA, INC.



Principal Place of Business
**12885 U.S. HIGHWAY 92 EAST
DOVER FL 33527**

Mailing Address
**P.O. BOX 50045
WATSONVILLE CA 95077**

0012887



CHECK HERE IF MAKING CHANGES

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 **59-3190392**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	Actions
	RODRIGUEZ, ALBINO (Spelled incorrect)	345 WESTRIDGE DRIVE	WATSONVILLE CA 95176	<input type="checkbox"/> Delegate <input type="checkbox"/> Delete
	AS WILLIAMSON, GLENN	12885 HIGHWAY 92	DOVER FL 33527	<input type="checkbox"/> Delete
	D MORENA, KENNETH	345 WESTRIDGE DRIVE	WATSONVILLE CA 95076	<input type="checkbox"/> Delete
	T VEZEAU, ROBERT	345 WESTRIDGE DRIVE	WATSONVILLE CA 95078	<input checked="" type="checkbox"/> Delete
	PC WILLIAMSON, SAMUEL	2630 SIDNEY DOVER ROAD	DOVER FL 33527	<input type="checkbox"/> Delete
	D D'AMORE, JERRY	345 WESTRIDGE DR	WATSONVILLE CA 95078	<input checked="" type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
	S Linder, Emmett	345 Westridge Drive	Watsonville, CA 95176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	T Rodrigues, Albino	345 Westridge Dr., Watsonville, CA	95176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Albino Rodrigues
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

(831) 763-3209

Date

Daytime Phone #