2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9300003803 **DOCUMENT #**

TITLE

STREET ADDRESS

CITY-ST-ZIP



FILED Mar 05, 2003 8:00 am Secretary of State

1. Entity Nan	^{ne} DRELAND, INC.	(GEORGIA)				03-05-2003 90094	050 ***150	0.00
Principal Place of Business 6100 MABLETON PARKWAY MABLETON GA 30126 US		Mailing Address 6100 MABLETON PARKWAY MABLETON GA 30126 US						
2. Principal P	Place of Business		3. Mailing Address					.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	58-1957058		pplied For lot Applicable	
Zip	Cour	ntry	_ Zip	Country		ertificate of Status Desired	Fee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
	RELAND, JOE D CHING COVE LANI	<u>.</u>		Street Add	lress (P.O. Box	x Number is Not Acceptable)		
PORT ST.	LUCIE FL 34952							
			•	City	•	F	Zip Coo	de
	named entity submit		the purpose of changing its re	egistered office or re	egistered ager	nt, or both, in the State of Florida. 1 a	ım familiar with,	, and accept
-								
SIGNATURE .	Signature, typed or printed i	name of registered agent ar	nd title if applicable. (NOTE: f	Registered Agent signature r	required when reins	stating) DAT	<i>,</i>	
w*	Signature, typed or printed		nd title if applicable. (NOTE: f	Registered Agent signature r	required when reins	stating) DAT	E	· ·
F After	Signature, typed or printed in ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Florid	IS \$150.00 will be \$550.00		Registered Agent signature r	required when rein	9. Election Campaign Financing Trust Fund Contribution.	\$5.0	OO May Be
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change r ☐ Addition