2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P00000107012 DOCUMENT # 1. Entity Name 04-11-2002 90708 045 ***158.75 D R AND G, INCORPORATED Mailing Address Principal Place of Business 1240 SARATOGA LANE 1240 SARATOGA LANE GENEVA FL 32732 GENEVA FL 32732 2. Principal Place of Business 3. Mailing Address 1260 Seratoga LN 260 Saratoga LA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. APPLIED FOR Applied For City & State City & State 4. FEI Number Not Applicable *59-3711* Geneva Geneva Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3*2732* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Morris MORRIS. GAIL T Street Address (P.O. Box Number is Not Acceptable) 1260 Saratoga LN 1240 SARATOGA LANE **GENEVA FL 32732** 8. The above named entity submits this statement for the purpose of changing its rerespect of fice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (9/01 TITLE TITLE ☐ Delete MORRIS, GAIL T NAME NAME 1260 Saratoga LN STREET ADDRESS 1240 SARATOGA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GENEVA FL 32732 <u>Geneva Fl 32732</u> ☐ Delete TITLE Change Addition TITLE MORRIS, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 109 SILVER MAPLE TERR CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Channe Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MARKE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Date