

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-17-2004 90020 002 ***150.00

DOCUMENT # P03000073279

1. Entity Name
PHASE ONE-DRP DEVELOPMENT, INC.



Principal Place of Business
**3998 FAU BLVD #307
BOCA RATON, FL 33431**

Mailing Address
**3998 FAU BLVD #307
BOCA RATON, FL 33431**

66403603

2. Principal Place of Business

3. Mailing Address

**3701 FAU Boulevard, Suite 205
Boca Raton, FL 33431**

**3701 FAU Boulevard, Suite 205
Boca Raton, FL 33431**

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0086047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACLAREN, LINDA O
798 S FEDERAL HWY STE 100
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name **Thomas A. Head**
S **3701 FAU Boulevard, Suite 205**
C **Boca Raton, FL 33431**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent the obligations of registered agent.

nilar with, and accept

SIGNATURE

TH AHO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas A. Head 1/26/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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:

TH AHO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Head 1/26/04 561-347-6915

Date

Daytime Phone #