

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-02-2001 90065 044 ***150.00

DOCUMENT # P98000034903

1. Entity Name

DRAGON LAND SURVEYING, INC.

Principal Place of Business

Mailing Address

5329 CHERRY ST
 PANAMA CITY FL 32404
 US

5329 CHERRY ST
 PANAMA CITY FL 32404
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3509681**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTERSON, BARBARA J
142 CHERI LANE
PANAMA CITY FL 32404

Name **Carol Ann Dragon**

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

3729 East Eighth Court

City **Panama**

FL

Zip Code **32401**

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.

SIGNATURE

Carol Ann Dragon Office Manager **Carol Ann Dragon** 03-29-01

Signature, typed or printed name of registered agent or fee applicable.

NOTE: Registered Agent signature (required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DRAGON, MARK	
STREET ADDRESS	5329 CHERRY ST	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRAGON, ROCHELLE	
STREET ADDRESS	1405 BRITTON ROAD	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dragon, Carol	
STREET ADDRESS	3729 East Eighth Court	
CITY-ST-ZIP	Panama, City Florida 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mark Dragon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-763-7997

Daytime Phone #

CR2E034 (10/00)