

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90089 044 ***150.00

DOCUMENT # P99000000047

1. Entity Name

DRN MOVING, INC.

Principal Place of Business

Mailing Address

31028 AVE. I
 BIG PINE KEY FL 33043
 US

P.O. BOX 431502
 BIG PINE KEY FL 33043-1502
 US

2. Principal Place of Business

3. Mailing Address

31072 Avenue F

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

City & State

4. FEI Number

65-0886028

Applied For

Not Applicable

Zip

33043

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLETAN, GERALD W
 25000 OVERSEAS HWY
 SUMMERLAND KEY FL 33042**

7. Name and Address of New Registered Agent

Name **Gerald W - Adams**

Street Address (P.O. Box Number is Not Acceptable)
25000 Overseas Hwy

City **Summerland Key, FL** Zip Code **33042**

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 *Gerald W Adams*

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00
 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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORMAN, DEREK R	
STREET ADDRESS	31028 AVE. I	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	S	<input type="checkbox"/> Delete
NAME	LITTLE, JACQUI	
STREET ADDRESS	31028 AVE. I	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, DEREK R	
STREET ADDRESS	31072 Avenue F	
CITY-ST-ZIP	Big Pine Key, FL 33043	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, JACQUI	
STREET ADDRESS	31072 Avenue F	
CITY-ST-ZIP	Big Pine Key, FL 33043	
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 another like empowered.

SIGNATURE: *Jacqui Little (S)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 305 872 2595
 Date Daytime Phone #