

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90022 040 ***150.00

DOCUMENT # S89162
 1. Entity Name
DRAGON DEVELOPMENT CORPORATION

Principal Place of Business 14255 US HIGHWAY ONE SUITE 291 JUNO BEACH FL 33408 US	Mailing Address 14255 US HIGHWAY ONE SUITE 291 JUNO BEACH FL 33408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 59 Skyline Drive Suite, Apt. #, etc. Suite 1100 City & State Lake Mary, FL	3. Mailing Address 59 Skyline Drive Suite, Apt. #, etc. Suite 1100 City & State Lake Mary, FL
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4. FEI Number 65-0294929	Applied For <input type="checkbox"/> Not Applicable
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Zip 32746	Country Seminole	Zip 32746	Country Seminole
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DONALD J. WESTER
14255 U.S. HIGHWAY ONE
SUITE 291
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent
 Name **Teresa A. Moore**
 Street Address (P.O. Box Number is Not Acceptable)
59 Skyline Drive
Suite 1100
 City **Lake Mary** **FL** Zip Code **32746**

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 Teresa A. Moore Teresa A. Moore, CEO DATE 1/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	STD WEBSTER, NANCY 14255 U.S. HWY ONE SUITE 291 JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDC WEBSTER, DONALD 14255 US HWY ONE SUITE 291 JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO Teresa A. Moore 2099 Ackola Pt. Longwood, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T Matthew M Moore 2099 Ackola Pt. Longwood, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brian Skutt 3421 Blackberry lane Ellicott City, MD 21042 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Teresa A. Moore, CEO DATE 1/8/02 DAYTIME PHONE # 407-548-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRET 11

CR2E034 (9/01)