Apr 14 00 09:22a Portnoy & Co or Mann & Co 9[illegible]

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90084 004 ***150.00

DOCUMENT # P96000000829

1. Entity Name
THE DRISCOLL GROUP, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
4651 SALISBURY RD. SOUTH	4651 SALISBURY RD. SOUTH
Suite, Apt. #, etc: SUITE 185	Suite, Apt. #, etc: SUITE 185
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32256 Country: DUVAL	Zip: 32256 Country: DUVAL

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3355139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRISCOLL, KEVIN
4651 SALISBURY ROAD SOUTH, #185
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRISCOLL, KEVIN 10129 LAKE LAMAR CT. JACKSONVILLE, FL 32256 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRISCOLL, CATHERINE 10129 LAKE LAMAR CT JACKSONVILLE, FL 32256 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 4.14.00 904.296.0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #