

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90455 012 ***150.00

DOCUMENT# P03000066578

1. Entity Name

DR GENERAL CORPORATION

Principal Place of Business

Mailing Address

**9439 SAN JOSE BLVD., SUITE 209
 JACKSONVILLE FL 32257-5535**

**9439 SAN JOSE BLVD., SUITE 209
 JACKSONVILLE FL 32257-5535**

24073561

2. Principal Place of Business

9439 SAN JOSE BLVD.

3. Mailing Address

9439 SAN JOSE BLVD.

Suite Apt. #, etc.

90

Suite Apt. #, etc.

90

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32257

Country

USA

Zip

32257

Country

USA

4. FEI Number

43-2018989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

11601 S CLEVELAND AVE # 8

FORT MYERS, FL 33907

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

Signature, typed or printed name of registered agent and title if 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, 2004 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** ☐ Delete
 NAME **LUIZ RIBEIRO SILVA, DEMETRIOS**
 STREET ADDRESS **9439 SAN JOSE BLVD., SUITE 209**
 CITY-ST-ZIP **JACKSONVILLE FL 32257-5535**

TITLE **VD** ☐ Delete
 NAME **SILVA, RONILDA**
 STREET ADDRESS **9439 SAN JOSE BLVD., SUITE 209**
 CITY-ST-ZIP **JACKSONVILLE FL 32257-5535**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **LUIZ RIBEIRO SILVA, DEMETRIOS**
 STREET ADDRESS **9439 SAN JOSE BLVD., SUITE 90**
 CITY-ST-ZIP **JACKSONVILLE FL 32257-5535**

TITLE **VD** ☒ Change ☐ Addition
 NAME **SILVA, RONILDA**
 STREET ADDRESS **9439 SAN JOSE BLVD., SUITE 90**
 CITY-ST-ZIP **JACKSONVILLE FL 32257-5535**

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **CLESIO SILVA LANA**
 CITY-ST-ZIP **35 CONGRASS STREET 11
 NACHUA, NH 03062**

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

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

TITLE ☐ Change ☐ 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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Demetrios Luiz R. Silva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2004

(904) 838-7960

Date Daytime Phone #