

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90043 028 ***150.00

DOCUMENT # 413891

1. Entity Name
CENTRAL DRAFTING, INC.

| | |
|--|---|
| Principal Place of Business 4343 RIDGEWOOD AVE PORT ORANGE FL 32127 | Mailing Address 4343 RIDGEWOOD AVE PORT ORANGE FL 32127-4553 |
|--|---|

809573



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 4343 RIDGEWOOD AVE | 3. Mailing Address 4343 RIDGEWOOD AVE |
| Suite, Apt. #, etc. UNIT "C" | Suite, Apt. #, etc. UNIT "C" |
| City & State PORT ORANGE, FL | City & State PORT ORANGE, FL |
| Zip 32127 | Country FLORIDA |

4. FEI Number **59-1427126** Applied For Not Applied
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent TROUP, ROBERT 4343-A RIDGEWOOD AVE PT ORANGE FL 32127 | | 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 _____ (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. **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 MOORE, DAVID R 1224 SUNLAND RD. DAYTONA BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> ... 1217 RUTHBERN DAYTONA BCH, FL 32114 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MOORE, FRANCES LYNNE 1224 SUNLAND RD. DAYTONA BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> ... 1217 RUTHBERN DAYTONA BCH, FL 32114 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> ... |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> ... |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> ... |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> ... |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David R Moore* (PRESIDENT) 1-26-2000 904-788-9300
 DAVID R MOORE Date Daytime Phone #