2002 UNIFORM BUSINESS REPORT (UBR)

FILED Oct 02, 2002 8:00 am Secretary of State 10-02-2002 90118 013 ***550.00

| 1. Entity No | JMENT# 61868 DRS, INC. | 31 | , | | 10-02-2002 | | ***550.00 |
|---|---|--|--|--|--|------------------|---|
| Principal Pla | ace of Business | Mailing Address | | | | | - |
| 11 BEACH | | 1 BEACH DR SE | | | v | 1 2 1 2, | v |
| 1 | BURG FL 33701 | | ĺ | | · T. | | |
| us | * * | SUITE 1004 St Petersburg FL 337 | 70 1 | | | | |
| | | US | • | | | | |
| 2. Principal | Place of Business (1.131 | 3. Mailing Address | | | | | - AUAU BORN |
| Suite, Ap | | Suite, Apt. #, etc. | | | DO NOT WRITE IN T | 'HIS SPACE | |
| City & Sta | | City & State | | 4. FEI Numb | ^{per} 59-1918473 | | Applied For Not Applicable |
| Zip | Country | Zip . | Country | | of Status Desired | \$8.75 A | dditional |
| _ ====== | 6. Name and Address of Current | Registered Agent | Name | 7. Name and | Address of New Register | red Agent | |
| JACO8S | on, Sharyn | | • | | | • ,= | |
| 1 BEACH | DR SE | | Street Ad | dress (P.O. Box Numb | er is Not Acceptable) | | |
| SUITE 10 | 004 | | | | | | <u> </u> |
| ST PETE | RSBURG FL 33701 | | City | | | | |
| B. The shaw | | | City | | | FL Zip Co | |
| the obliga | e named entity submits this statement for tions of registered agent. | r the purpose of changing its | registered office or r | egistered agent, or bo | th, in the State of Florida. I | am familiar with | , and accept |
| , | • | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | : Registered Agent signature | to the standard articles and a standard and a stand | | | |
| | | | | | | | 1 |
| 9. This corp | oration is eligible to satisfy its Intennible | | | | DA* | | |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!! | II FEE IS \$550.00 | 0 \$750.00 | etion Campaign Financing st Fund Contribution. | \$5.0 | OO May Be d to Fees |
| Tax filing (See crite | requirement and elects to do so. ria on back) OFFICERS AND (| Fil.E NOW!! After September 13, Make Check Payab | II FEE IS \$550.00 | 0 \$750.00 of State | ction Campaign Financing st Fund Contribution. | \$5.0 Adde | d to Fees |
| Tax filing (See crite | requirement and elects to do so. ria on back) OFFICERS AND I | Fil.E NOW!! After September 13, Make Check Payab | II FEE IS \$550.00 , 2002 Fee will be le to Department (| 0 \$750.00 of State | ction Campaign Financing | S5.0 Adde | d to Fees |
| Tax filing (See crite 11. TIFLE NAME | requirement and elects to do so. ria on back) OFFICERS AND I PSTD JACOBSON, SHARYN | FILE NOW!! After September 13, Make Check Payab | II FEE IS \$550.00, 2002 Fee will be le to Department of 12. | 0 \$750.00 of State | ection Campaign Financing ist Fund Contribution. CHANGES TO OFFICERS A | \$5.0 Adde | d to Fees S IN 11 Addition |
| Tax filing (See crite | PSTD JACOBSON, SHARYN 1BEACH DRIVE 1004 | FILE NOW!! After September 13, Make Check Payab | IT FEE IS \$550.00, 2002 Fee will be le to Department of 12. TITLE NAME STREET ADDRESS | 0 \$750.00 of State | ection Campaign Financing ist Fund Contribution. CHANGES TO OFFICERS A | S5.0 Adder | d to Fees S IN 11 Addition |
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| Tax filing (See crite 11. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PSTD JACOBSON, SHARYN 1BEACH DRIVE 1004 | FILE NOW!! After September 13, Make Check Payab | IT FEE IS \$550.00, 2002 Fee will be le to Department of 12. TITLE NAME STREET ADDRESS | 0 \$750.00 of State | etion Campaign Financing st Fund Contribution. CHANGES TO OFFICERS A | S5.0 Adder | d to Fees |
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13. Thereby certify that the information supplied with this filling 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 chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE:

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