

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90127 048 ***150.00

DOCUMENT # F98000004323

1. Entity Name

D&F REAL ESTATE CO. SHIRE II, INC.



Principal Place of Business
**7200 STONEHENGE DR., STE 211
RALEIGH NC 27613**

Mailing Address
**9286 WARWICK BLVD
NEWPORT NEWS VA 23607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1807062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, DANIEL M

243 WEST PARK AVE., STE 101

WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FALK SR, DAVID C	
STREET ADDRESS	7200 STONEHENGE DR., STE 211	
CITY-ST-ZIP	RALEIGH NC 27613	
TITLE	T	<input type="checkbox"/> Delete
NAME	FALK JR, DAVID C	
STREET ADDRESS	7200 STONEHENGE DR., STE 211	
CITY-ST-ZIP	RALEIGH NC 27613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DRUCKER, ERWIN B	
STREET ADDRESS	9286 WARWICK BLVD	
CITY-ST-ZIP	NEWPORT NEWS VA 23607	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DRUCKER, WENDY	
STREET ADDRESS	9286 WARWICK BLVD	
CITY-ST-ZIP	NEWPORT NEWS VA 23607	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MUNICK, JOHN	
STREET ADDRESS	9286 WARWICK BLVD	
CITY-ST-ZIP	NEWPORT NEWS VA 23607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Murch Jr.

1-6-03

757-245-1541

CR2E034 (10/02)