## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 29, 2000 8:00 am DOCUMENT # F98000004804 **Secretary of State** D&F,K,SHIRES, INC. 03-29-2000 90002 045 \*\*\*150.00 Mailing Address Principal Place of Business 7200 STONEHENGE DRIVE. SUITE 211 7200 STONEHENGE DRIVE. SUITE 211 C/O DRUCKER & FALK. LLC. C/O DRUCKER & FALK, LLC. RALEIGH NC 27613-1620 RALEIGH NC 27613 2. Principal Place of Business 3. Mailing Address 9286 Warwick Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 56-1807060 Not Applicable Newport News, ٧A Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 236<u>07</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLALOCK, LANDERS, WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST - ---**BRADENTON FL 34205** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE TITLE NAME NAME FALK, DAVID C SR. STREET ADDRESS STREET ADDRESS 7200 STONEHENGE DRIVE, SUITE 211 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27613 Addition ☐ Change ☐ Delete TITLE NAME KAYDEN, BERNARD H NAME STREET ADDRESS 550 MAMARONECK AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARRISON NY 10528 Change Addition ☐ Delete TITLE DST TITLE NAME DRUCKER, ERWIN B NAME STREET ADDRESS STREET ADDRESS 9286 WARWICK BLVD. CITY-ST-ZIP CITY-ST-ZIP **NEW-PORT NEWS VA 23607** Change Addition Delete TITLE TITLE NAME MUNICK, JOHN NAME STREET ADDRESS STREET ADDRESS 9286 WARWICK BLVD. CITY-ST-ZIP CITY-ST-ZIP **NEW PORT NEWS VA 23607** ☐ Change Addition ☐ Delete TITLE TITLE AS NAME FALK, DAVID C JR. NAME STREET ADDRESS STREET ADDRESS 7200 STONEHENGE DRIVE, SUITE 211 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27613 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby 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

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

(757)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat