

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90026 029 ***150.00

0821087 AT

DOCUMENT # F98000004804

1. Entity Name
D&F,K,SHIRES, INC.

Principal Place of Business
7200 STONEHENGE DRIVE, SUITE 211
C/O DRUCKER & FALK, LLC.
RALEIGH NC 27613

Mailing Address
9286 WARWICK BLVD.
C/O DRUCKER & FALK, LLC.
NEWPORT NEWS VA 23607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1807060

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON FL 34205

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, 2002 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	OP	<input type="checkbox"/> Delete
NAME	FALK, DAVID C SR.	
STREET ADDRESS	7200 STONEHENGE DRIVE, SUITE 211	
CITY-ST-ZIP	RALEIGH NC 27613	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KAYDEN, BERNARD H	
STREET ADDRESS	550 MAMARONECK AVE.	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DRUCKER, ERWIN B	
STREET ADDRESS	9286 WARWICK BLVD.	
CITY-ST-ZIP	NEW PORT NEWS VA 23607	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MUNICK, JOHN	
STREET ADDRESS	9286 WARWICK BLVD.	
CITY-ST-ZIP	NEW PORT NEWS VA 23607	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FALK, DAVID C JR.	
STREET ADDRESS	7200 STONEHENGE DRIVE, SUITE 211	
CITY-ST-ZIP	RALEIGH NC 27613	
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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE

John A. Munick, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

757-928-6201

Daytime Phone #

CR2E034 (9/01)