2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 17, 2001 8:00 am Secretary of State **DOCUMENT # H73523** 1. Entity Name DRP COMPANY OF ALABAMA, INC. 05-17-2001 90045 001 ***300.00 Mailing Address Principal Place of Business P O BOX 531164 4625 N MANHATTAN AVE BIRMINGHAM AL 34253 SUITE H **TAMPA FL 33614** HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-0907683 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLUMENTHAL, JR. MORRIS D. Street Address (P.O. Box Number is Not Acceptable) 4625 NORTH MANHATTAN SUITE H **TAMPA FL 33614** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE BLUMETHAL, DONALD L. NAME NAME STREET ADDRESS 4000 50TH ST. SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** ☐ Addition ☐ Change VPD TITLE ☐ Delete BLUMENTHAL, MORRIS D. JR NAME NAME STREET ADDRESS 4625 N. MANHATTAN STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-7IP Change STD: ____ ☐ Delete TITLE -TiTLE **BLUMENTHAL, JERRI** NAME NAME STREET ADDRESS 4625 N. MANHATTAN STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 i changed, or on an attachment with