## FILED 2003 FOR PROFIT CORPORATION Apr 03, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # H73523 04-03-2003 90427 001 \*\*\*300.00 1. Entity Name DRP COMPANY OF ALABAMA, INC. Principal Place of Business Mailing Address 4625 N MANHATTAN AVE P O BOX 531164 **BIRMINGHAM AL 34253** SUITE H **TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address 4308 WEST CAYUGA STREET 4308 WEST CAYULA STREET Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES THIPP City & State City & State 4. FEI Number Applied For 63-0907683 Not Applicable 33614-695t AAMAT Zip Country \$8.75 Additional 5. Certificate of Status Desired 33614-695 33614-6951 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLUMENTHAL, JR. MORRIS D. Street Address (P.O. Box Number is Not Acceptable) 4625 NORTH MANHATTAN- 4308 WEST CAYUGA **SUITE H-**:TAMPA-FL-33614 FL 33614-6951 City 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 ature; types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition BLUMETHAL, DONALD L NAME NAME 4000 50TH ST. SW STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME **BLUMENTHAL, MORRIS D. JR** NAME 4625 N: MANHATTAN 4000 4308 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CAYLLA STREET CITY-ST-ZIP TITLE STD \_\_\_\_Delete ☐ Change ☐ Addition **BLUMENTHAL, JERRI** NAME NAME 4625 N. MANHATTAN 4308 WEST CAYULA STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-7IP TAMPA FL STREET ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET CITY-ST-7IP

nis report as required by Ch

 I hereby certify that the information indicated on this report or suppler of the corporation or the received changed, or on an attachment

**SIGNATURE:** 

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n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date