

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90120 003 ****50.00

DOCUMENT # L01000002605

1. Entity Name
DRACO INVESTMENT SERVICES, LLC

978391

Principal Place of Business

839 FAULL DR., STE. B
 ROCKLEDGE FL 32955

Mailing Address

839 FAULL DR., STE. B
 ROCKLEDGE FL 32955

2. Principal Place of Business

4305 Kings Hwy
 Suite, Apt. #, etc.

3. Mailing Address

4305 Kings Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa, Florida

City & State

Cocoa, Florida

4. FEI Number

651076183

Applied For
 Not Applicable

Zip

Country

32927 USA

Zip

Country

32927 USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, PETER
 839 FAULL DR., STE. B
 ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Chen, Peter

Street Address (P.O. Box Number is Not Acceptable)

4305 Kings Hwy

City

Cocoa

FL

Zip Code

32927

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
 NAME CHEN, PETER
 STREET ADDRESS 839 FAULL DR., STE. B
 CITY-ST-ZIP ROCKLEDGE FL 32955

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 STREET ADDRESS
 CITY-ST-ZIP

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10. MANAGER ADDITIONS / CHANGES

TITLE Chief Financial Officer CFO
 NAME Chen, Peter
 STREET ADDRESS 4305 Kings Highway
 CITY-ST-ZIP Cocoa, FL 32927

TITLE
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 STREET ADDRESS
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/13/02

CR2E083 (9/01)