

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003052

Entity Name

DRS HOLDINGS, LLC

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90007 049 *****55.00

Principal Place of Business

464 OLD HOSPITAL, STE. A
PENSACOLA FL 32508

Mailing Address

464 OLD HOSPITAL, STE. A
PENSACOLA FL 32508

2. Principal Place of Business

214 KENSINGTON BLVD

Suite, Apt. #, etc.

3. Mailing Address

214 KENSINGTON BLVD

Suite, Apt. #, etc.

City & State

BLUFFTON, SC

City & State

BLUFFTON, SC

Zip

29910

Country

USA

Zip

29910

Country

USA

4. FEI Number

74-2991837

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATMON, MATTHEW
464 OLD HOSPITAL, STE. A
PENSACOLA FL 32508

7. Name and Address of New Registered Agent

Name

DONN SCOTT

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

801 WEST GARDEN ST.

City

PENSACOLA

FL

Zip Code

32501

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

Donn Scott

Donn Scott

CPA

2/28/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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:

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

23 FEB 2002

(843)384-1309

Date

Daytime Phone #

CR2E083 (9/01)