

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002528

1. Entity Name

DRAGON DEMONSTRATION TEAM, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90123 013 ****61.25

Principal Place of Business

521 E. MOUNT VERNON DRIVE
PLANTATION FL 33325

Mailing Address

521 E. MOUNT VERNON DRIVE
PLANTATION FL 33325-3620

2. Principal Place of Business

521 E. Mt. VERNON DR
Suite, Apt. #, etc.

3. Mailing Address

521 E. Mt. VERNON DR
Suite, Apt. #, etc.

City & State

Plantation
33325 Broward

City & State

Plantation
33325 Broward

4. FEI Number

65-0914424

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, JOHN.	
STREET ADDRESS	521 E., MOUNT VERNON DRIVE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, HYE S	
STREET ADDRESS	521 E. MOUNT VERNON DRIVE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, NATHAN	
STREET ADDRESS	1008 S.W. 22ND TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 (917) 6821
Date Daytime Phone