## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 04, 2002 8:00 am Secretary of State

UNITURM BUSINESS REPO	KI (ORK)	05-27-2002 90433 022 ***150.00	
DOCUMENT # POOOOO	72575		
D-R Properties IN	r .	·	
Diff Fisherings with			
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DO NOT WRITE IN THIS SPACE			
	OIAGE	- 37612	
2. Principal Place of Business 502 WARWAL DRIVE 502 W	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc. Suite, Apt. #, etc.	ALWEL DRUG	DO NOT WRITE IN THIS SPACE	
City & State Cjty & State		4. FEI Number Applied For	
Venice, FI Venice,	FI	65-097175/ Not Applicable	
34292 St292	Country	5. Certificate of Status Desired Serviced Serviced Fee Required	
		7. Name and Address of Current Registered Agent	
DO NOT WRITE	Street Address	s (P.O. Box Number is Not Acceptable)	
IN THIS SPACE	502	- WANUKE DRIUS-	
	City VA	Mice FL Zip Code	
8. The above named entity submits this statement for the purpose of changing severe Severe Sunn-Hankin, 500	ing its registered office or registr	lered agent, or both, in the State of Florida.	
	a warner one	ive, Venice, Fl 34293	
SIGNATURE Signature. typedidr printed name of registered open and life if applicable.	(NOTE: Registered Agent signature require	red when ransisting) DATE	
	1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00	10. Election Campaign Financing \$5.00 May Re	
(See criteria on back)	ended UBR is \$61.25 Payable to Department of Sta	Trust Fund Contribution.   Added to Fore	
11. OFFICERS AND DIRECTORS			
NAME DOUGH DOUGH	TITLE NAME	201	
STREET ADDRESS DEVEK DUNN-KANKIN	STREET ADDRESS CITY-ST-ZIP	84 (1)	
ITLE VENICE FI 34293	TITLE	CR2E034B (12/01)	
NAME STREET ADDRESS	HAME STREET ADDRESS	8	
CITY-SI-ZIP	STREET ADDRESS CITY-ST- ZIP		
TILE	nre		
STREET ADDRESS:	NAME STREET ADDRESS	TO COLOT MAINE	
CITY-SI-ZIP	CITY-ST-ZIP	DO NOT WRITE	
NAME.	TITLE NAME	IN THIS SPACE	
STREET ACCIRESS CITY-ST- ZIP	STREET ADDRESS		
TITLE	CITY-ST-DP		
NAME STREET ADDRESS	NAME		
CITY-ST- ZP	STREET ADORESS CTTY-ST-ZIP		
TILE	TITLE		
NAME STREET ADDRESS .	NAME Street Address		
CITY-ST-ZIP	CITY - ST - ZIP		
13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee empawered to execute this reattachment with an address, with all other like empowered.	y for the exemption stated in Sec lat my signature shall have the s	ction 119.07(3)(i), Florida Statutes, I further certify that the information 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 re attachment with an address, with all other like empowered.	aport as required by Chapter 60	07, Florida Statutes; and that my name appears in Block 11 or on an	
SIGNATURE: DONA Allow X and	Ø	4/18/02 91/493/392	
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