

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90098 044 ***150.00

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1. Entity Name
CONSTANCE B. DRURY, P.A.

Principal Place of Business
**3881 NE SUGAR HILL AVENUE
JENSEN BEACH FL 34957**

Mailing Address
**3881 NE SUGAR HILL AVENUE
JENSEN BEACH FL 34957**



2. Principal Place of Business
526 ORCHARD CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
526 ORCHARD CIRCLE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HENDERSONVILLE, NC
Zip Country
28739 U.S.

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Zip Country
28739 U.S.

4. FEI Number **65-1007118** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DRURY, CONSTANCE B
3881 SUGAR HILL RD
JENSEN BEACH, FL 34957

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 both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	DRURY, CONSTANCE B	3881 NE SUGAR HILL AVENUE	JENSEN BEACH FL 34957	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		526 ORCHARD CIRCLE	HENDERSONVILLE, NC 28739		

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 607, 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: Constance B. Drury, P.A. Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)