

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001704

1. Entity Name

DRIGGERS ESCORT INC.

Principal Place of Business

POST OFFICE BOX 63
HOLLISTER FL 32147

Mailing Address

POST OFFICE BOX 63
HOLLISTER FL 32147

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 25 PM 3:26



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3693302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRIGGERS, CLIFFORD D

107 SOUTH STREET

HOLLISTER FL 32147

Name

Driggers, Clifford D

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

107 South Street

City

Interlachen

FL

Zip Code

32148

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

Clifford D Driggers

Signature, typed or printed name of registered agent and file if applicable.

Clifford Driggers

(NOTE: Registered Agent signature required when re-stating)

4-26-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres	Clifford D Driggers	<input type="checkbox"/> Delete
NAME	PO Box 63 P		
STREET ADDRESS			
CITY-ST-ZIP	Hollister FL 32147		
TITLE		Clifford Driggers	<input type="checkbox"/> Delete
NAME	PO Box 63		
STREET ADDRESS	Hollister FL		
CITY-ST-ZIP	32147		
TITLE		Clifford Driggers	<input type="checkbox"/> Delete
NAME	PO Box 63		
STREET ADDRESS	Hollister FL		
CITY-ST-ZIP	32147		
TITLE		Clifford Driggers	<input type="checkbox"/> Delete
NAME	PO Box 63		
STREET ADDRESS	Hollister FL		
CITY-ST-ZIP	32147		
TITLE		Clifford Driggers	<input type="checkbox"/> Delete
NAME	PO Box 63		
STREET ADDRESS	Hollister FL		
CITY-ST-ZIP	32147		
TITLE		Clifford Driggers	<input type="checkbox"/> Delete
NAME	PO Box 63		
STREET ADDRESS	Hollister FL		
CITY-ST-ZIP	32147		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	me	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	me	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	me	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	me	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	me	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clifford Driggers

4-26-01

Date

9046842397

Daytime Phone #

CR2E034 (10/00)