

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90076 047 ***158.75

DOCUMENT # P01000010135

1. Entity Name
DIGITAL DRAFTING ASSOCIATES, INC.

Principal Place of Business
9217 SAN CARLOS BOULEVARD
FORT MYERS FL 33912

Mailing Address
9217 SAN CARLOS BOULEVARD
FORT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17597 ROCKEFELLER CIRCLE
 Suite, Apt. #, etc. **# 4**

3. Mailing Address
9217 SAN CARLOS
 Suite, Apt. #, etc.

City & State
FT MYERS FLORIDA

City & State
FT MYERS FLORIDA

4. FEI Number
65-1072327

Applied For
Not Applicable

Zip
33912

Country
LEE

Zip
33912

Country
LEE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
WILLIAMS, CORY M
STREET ADDRESS
9217 SAN CARLOS BOULEVARD
CITY-ST-ZIP
FORT MYERS FL 33912

TITLE
P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D ☐ Delete
NAME
WILLIAMS, GARY R
STREET ADDRESS
945 FLAIR COURT
CITY-ST-ZIP
ST. LOUIS MO 63146

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
15970 TRIPLE CROWN COURT
FT MYERS FLORIDA 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

GARY R WILLIAMS

4-12-02 941 4373003

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)