FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90465 008 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015949

1. Entity Name
Developers Resource Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17411 48th Court North
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 392
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Loxahatchee, FL
Zip: 33470 Country: United States

City & State: Decatur, MS.
Zip: 39327 Country: United States

4. FEI Number: 65-1103718 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Brenda Terry - Legal Assistant
Street Address (P.O. Box Number is Not Acceptable):
208 East Lake St.
City: Kissimmee FL Zip Code: 34744

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: Brenda Terry 04-10-02
(Signature, typed or printed name of registered agent, and date as 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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
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	P= President
NAME	Barbara G. Dragone
STREET ADDRESS	17411 48th Court North
CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara G. Dragone BARBARA G. DRAGONE President (601)527-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #