## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 28, 2002 8:00 am Secretary of State P01000105986 DOCUMENT # 1. Entity Name DREGGORS COMMERCIAL REALTY SERVICES, INC. 05-28-2002 91639 034 \*\*\*150.00 Principal Place of Business Mailing Address 728 WEST SMITH STREET 728 WEST SMITH STREET ORLANDO FL 32904 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DREGGORS, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 728 WEST SMITH STREET ORLANDO FL 32804 City Zip Code Fi 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President TITLE ☐ Delete TITLE ☐ Change ☐ Addition Richard C. Dreggors 728 W. Smith Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FC 32804 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition Anna Dreggas NAME NAME 728 W. Smith STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TE 32804 CITY-ST-ZIP Orlando. TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**