2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106714 1. Entity Name DRAGON PERSONAL SOLUTIONS, INC.					FILED			
					02 JUN 12 AM 9: 42			
Principal Place of	. N STE. 400	Mailing Address - 161 SOUTHHALL LN: STE. 409 MAITLAND FL 32751			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MAITLAND FL 327	31	MAILEAND IL 32731						
2. Principal Place 958	of Business Versailles Circle	3. Mailing Address 958 Versailles Cir.		lles Cir.			,	16 0 0) 8161 1001
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.			DO NOT WRITE II	N'THIS SPACI	Ξ	₹1
City & State Maitland, Florida		City & State Maitland, Florida			4. FEI Number 52 - 235	M52		oplied For ot Applicable
Zip 3 275	·	^{Zip} 32751	Country	A		Fee F	Require	ditional ed
6	. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New Regi	stered Agent		
F & L CORP. THE GREEN LEAF BLDG., 3RD FL				Street Address (P.O. Box Number is Not Acceptable)				
200 LAURA S								
JACKSONVILLE FL 32202-3510			City			FL Z	ip Cod	е
8. The above nam	ned entity submits this statement for t	he purpose of changing its re	gistered office o	r registered	agent, or both, in the State of Florida	a. '		
0/01/47/195								
SIGNATURE	iture, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signa		en 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 Atter, May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		.00 550.00	10. Election Campaign Financ Trust Fund Contribution.			
11.	OFFICERS AND D	IRECTORS	12.	1267724210377	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delele	THTLE NAME SHREET ADDRESS CHY-SE-ZIC	P Bake 958	er, James K. Versailles Circle itland , FL 32751	□ c	hange	Addition
TITLE		☐ Delete	IIIII				hange	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dulete	THEE. NAME STHIEF ADDRESS CITY-ST-ZIP	1		C	hange	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		· 🔲 Delete	NAME STREET ADDRESS CHY-ST-ZIP			□ c	hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	hange	Addition
IIIII NAME STHEET ADDRESS CITY-ST-ZIP		Delete	DAMI STREET ADDRESS CHY-ST-ZIP			C	hange	Addition
13. I hereby certify indicated on the of the corporat	is report or supplemental report is tr	ue and accurate and that my ered to execute this report as	le exemption sta signature shall h	ave the san	on 119.07(3)(i), Florida Statutes. I furi ne legal effect as if made under oath lorida Statutes; and that my name ap	; that I am an	officer	or director

SIGNATURE: Jam K R4 3-22-0

3-22-02

407-667-4787