

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90016 033 ***158.75

DOCUMENT # P01000115105

1. Entity Name
DRAPER'S EGG & POULTRY CO., INC.

Principal Place of Business

4513 KERLE ST.
JACKSONVILLE FL 32205

Mailing Address

4513 KERLE ST.
JACKSONVILLE FL 32205

2. Principal Place of Business

4513 KERLE ST.

Suite, Apt. #, etc.

3. Mailing Address

4513 KERLE ST.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32205

Country

USA

Zip

32205

Country

USA

4. FEI Number

90-0001002

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POUCHER, ALLEN L JR, ESQ
2705 RIVERSIDE AVE.
JACKSONVILLE FL 32205

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-02

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 Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DRAPER, WILLIAM E III**
STREET ADDRESS **4513 KERLE ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Delete
NAME **POUCHER, ALLEN L JR**
STREET ADDRESS **2705 RIVERSIDE AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Delete
NAME **EDGE, TERESA C**
STREET ADDRESS **4513 KERLE ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02 904 319-2093

CR2E034 (9/01)