

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115105

## 1. Entity Name

DRAPER'S EGG &amp; 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 &amp; State

Jacksonville, FL

## City &amp; 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

## 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 State10. Election Campaign Financing  
Trust Fund Contribution \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE D  
NAME DRAPER, WILLIAM E III  
STREET ADDRESS 4513 KERLE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32205 DeleteTITLE D  
NAME POUCHER, ALLEN L JR  
STREET ADDRESS 2705 RIVERSIDE AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32205 DeleteTITLE D  
NAME EDGE, TERESA C  
STREET ADDRESS 4513 KERLE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32205 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

03-14-2002 90016 033 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)