

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91434 010 ***150.00

DOCUMENT # P02000015493

1. Entity Name
DRIX INTERNATIONAL INC.



Principal Place of Business
**11522 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**

Mailing Address
**11522 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**



2. Principal Place of Business

3. Mailing Address

11463 NW 42 St

11463 NW 42 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number
04-3595140

Applied For
☐ Not Applicable

Zip Country
33065 USA

Zip Country
33065 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCER, PIER
11522 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**

Name **SPENCER, PIER**
Street Address (P.O. Box Number is Not Acceptable)
11463 NW 42 St
City **Coral Springs** FL Zip Code **33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D SPENCER, PIER**
STREET ADDRESS **11522 ROYAL PALM BLVD.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☒ Change ☐ Addition
NAME **D SPENCER, PIER**
STREET ADDRESS **11463 NW 42 St**
CITY-ST-ZIP **Coral Springs FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/02

954-796-1908
Daytime Phone #

CR2E034 (10/02)