

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90141 031 ***150.00

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DOCUMENT # P02000081337

1. Entity Name
DRIVE 1, INC.



Principal Place of Business
**16200 FOREST OAKS DRIVE
FORT MYERS FL 33908**

Mailing Address
**16200 FOREST OAKS DRIVE
FORT MYERS FL 33908**



2. Principal Place of Business

16200 FOREST OAKS DR

Suite, Apt. #, etc.

3. Mailing Address

16200 FOREST OAKS DR FT. MYERS FL 33908

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

FT. MYERS FL

Zip
33908

Country
LEE

City & State

FT. MYERS FL

Zip
33908

Country
LEE

4. FEI Number

542074644

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
BRIAN HENRY

Street Address (P.O. Box Number is Not Acceptable)
16200 FOREST OAKS DR.

City **FT. MYERS** **FL** Zip Code **33908**

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 Signature, typed or printed name of registered agent and title if applicable.

BRIAN P. HENRY

(NOTE: Registered Agent signature required when reinstating)

04-23-03

DATE

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

TITLE **D** ☐ Delete
NAME **HENRY, BRIAN P**
STREET ADDRESS **16200 FOREST OAKS DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ Delete
NAME **HENRY, ELAINE J**
STREET ADDRESS **16200 FOREST OAKS DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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NAME
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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03

Date

Daytime Phone #

CR2E034 (10/02)