## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0200090962

1. Entity Name

DRUMMOND PRESS PROPERTIES EAST, INC.



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

04-28-2003 91370 040 \*\*\*150.00

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te of Business Mailing Address STREET 2472 DENNIS STREET E FL 32204 JACKSONVILLE FL 32204								1 <b>9</b> 11) <b>61</b> 110 (811 <b>1</b>			
2. Principal Place of Business 3. Mailir			lailing Address			A CERTICAL AND RESIDENCE IN CONTROL CO					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number Applied For Not Applied by					
Country	. Zip Count			try		5 Certificate of Status Desired   \$8.75				ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
				Name							
FALCONETTI, JOHN							*				
2472 DENNIS STREET				Street Address (P.O. Box Number is Not Acceptable)				)		ĺ	
2204											
një.				City				FL	Zíp Cod	de	
	the purp	ose of changing its	registere	ed office or r	egistere	d age	ent, or both, in the State of Flo	rida. I am	familiar with,	and accept	
or printed name of registered agent	ind title if appl	icable. (NOTE	: Registered	d Agent signature	required v	vhen re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										00 May Be d to Fees	
						AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
			_				0.1.70.10, 0.11.11.020 10 0.11	02.107.11		Addition	
FALCONETTI, ROBERT J 2472 DENNIS STREET JACKSONVILLE FL 32204			NAME STREE	ET ADDRESS							
TI, DIANE		NAME STREE	ET ADDRESS					☐ Change	☐ Addition		
TILL 1 L 32204			-			=>					
		Delete	NAME STREE	ET ADDRESS					Cnange	- Addition	
		☐ Delete	NAME STREE	ET ADDRESS					☐ Change	Addition	
		□ Delete	NAME STREE	ET ADDRESS					☐ Change	☐ Addition	
		Delete	NAME STREE	T ADDRESS					☐ Change	Addition	
	Country  and Address of Current    2204  y submits this statement for tered agent    or printed name of registered agent a    If FEE IS \$150.00  or Florida Department of OFFICERS AND    TITI, ROBERT J  INIS STREET    INIS STREET    IVILLE FL 32204	2472 JACK:  ness  3. Mail  City  Country  Zip  and Address of Current Registere  T1 2204  y submits this statement for the purplered agent.  or printed name of registered agent and title if appletered agent.  FEE IS \$150.00 D Florida Department of State  OFFICERS AND DIRECTOR  TTI, ROBERT J INIS STREET IVILLE FL 32204  TTI, DIANE INIS STREET	2472 DENNIS STREET JACKSONVILLE FL 32204  The search of the purpose of changing its level agent.  To printed name of registered agent and title if applicable.  (NOTE)  Propriete IS \$150.00 Description of the purpose of changing its level agent.  The search of the purpose of changing its level agent.  The sear	2472 DENNIS STREET JACKSONVILLE FL 32204  Tess  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Address of Current Registered Agent  Tagget  Sysubmits this statement for the purpose of changing its registered tered agent.  To printed name of registered agent and title if applicable.  (NOTE: Registered NAME)  Fee Is \$150.00  Florida Department of State  OFFICERS AND DIRECTORS  TIT, ROBERT J  NIS STREET  VILLE FL 32204  TITLE  TIT, DIANE  NIS STREET  VILLE FL 32204  Delete  TITLE  NAME STREET  VILLE FL 32204	2472 DENNIS STREET JACKSONVILLE FL 32204  Thesis    3. Mailing Address	2472 ĎENNIS STREET JACKSONVILLE FL 32204  Tess  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Street Address (F  Street Address (F  2204  City  y submits this statement for the purpose of changing its registered office or registere ered agent.  To printed name of registered agent and tite if applicable.  (NOTE: Registered Agent signature required of Fibral Department of State  OFFICIERS AND DIRECTORS  TITLE  NAME STREET WILLE FL 32204  TITLE  NAME STREET ADDRESS CITY-57-ZIP  Delete  NAME STREET ADDRESS CITY-57-ZIP  Delete  NAME STREET ADDRESS CITY-57-ZIP  STREET ADDRESS CITY-57-ZIP  Delete  NAME STREET ADDRESS CITY-57-ZIP  STREET ADDRESS CITY-57-ZIP  Delete  NAME STREET ADDRESS CITY-57-ZIP  STREET ADDRESS CITY-57-ZIP  Delete  NAME STREET ADDRESS CITY-57-ZIP	2472 ÖENNIS STREET JACKSONVILLE FL 32204  Tess  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  Name  Street Address (PO. B  Street Address (PO. B  City  y submits this statement for the purpose of changing its registered office or registered agentered agent.  It FEE IS \$150.00  33 Fee will be \$550.00  36 Fee will be \$550.00  37 Fee will be \$550.00  38 Fee will be \$550.00  39 Fee will be \$550.00  30 Fee will be \$550.00  31 First STREET  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	### PACKSONVILLE FL 32204    Suite, Apt. #, etc.	### Delete   The Fig. 2204      Part   April 2004	### Address of Current Registered Agent  City & State  City & FL Zip Country  Street Address (P.O. Box Number is Not Acceptable)  City & FL Zip Country  City & FL Zip Country  Full Title  City & FL Zip Country  Street Address (P.O. Box Number is Not Acceptable)  The product care of regiment agent and title inaccessive.  Notice: Regiment Agent regiment regiment agent and title inaccessive.  PAGE 1 Address of City St. 28  P. Election Campaign Financing St.4  Address of City St. 28  P. Address of City St. 28  City	

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:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 4/24/03 Date 904-354-281

Daytime Phone #