

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90096 022 ***150.00

DOCUMENT # P02000104456

1. Entity Name
DRAGON DROP, INC.



Principal Place of Business
**4120 W NORTH A ST UNIT J
TAMPA FL 33609**

Mailing Address
**4120 W NORTH A ST UNIT J
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

4120 W. North A St.

4120 W. North A St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

City & State

Tampa, FL

Tampa, FL 33609

Zip

Country

Zip

Country

33609

33609

4. FEI Number

55-081-4857

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PSTD** ☐ Delete
NAME **DINATALE, LESLIE**
STREET ADDRESS **4120 W NORTH A ST UNIT J**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
80147529
PO2006104456

September 2, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Per my conversation with one of the Division of Corporations' representatives, I am sending my filing payment with this letter. This letter is to notify that this is the first information I have received about the delinquency and payment due.

I had hired Spiegel & Utrera, P.A. to incorporate my business and they are the entity's registered agent. However, they did not and have not explained this Uniform Business Report to me although they were supposed to take care of the paperwork and I feel that the error is on their part for not taking care of the matter.

I am requesting that the delinquency fee be waived in light of this factor. I appreciate your consideration on my behalf and will be waiting to hear from you about the issue.

Thank you,



L. DiNatale
President
Dragon Drop, Inc.

enc: 1