

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90383 045 \*\*\*150.00

05022372 AV

**DOCUMENT # P02000112716**

1. Entity Name  
**DRG LIMITED, INC.**



Principal Place of Business  
**20101 KEOLA LANE  
N FORT MYERS FL 33917**

Mailing Address  
**20101 KEOLA LANE  
N FORT MYERS FL 33917**



2. Principal Place of Business  
**20101 Keola Ln**

3. Mailing Address  
**20101 Keola Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**North Fort Myers FL**

City & State  
**North Fort Myers FL**

4. FEI Number  
**33-1026585**

Applied For  
☐ Not Applicable

Zip  
**33917**

Country  
**USA**

Zip  
**33917**

Country  
**Lee**

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

**GILLES, JEROME D  
20101 KEOLA LANE  
N FORT MYERS FL 33917**

Name  
**Rosanne L Gilles**

Street Address (P.O. Box Number is Not Acceptable)  
**20101 Keola Ln**

**North Fort Myers**

City **North Fort Myers** **FL** Zip Code **33917**

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 **Jerome D Gilles - pres Rosanne L Gilles S-T**

**4-29-03**

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice Pres + Treas** ☐ Delete  
NAME **Rosanne L Gilles**  
STREET ADDRESS **20101 Keola Ln**  
CITY-ST-ZIP **N. Ft Myers FL 33917**

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

TITLE **Pres + Sec** ☐ Delete  
NAME **Dean Gilles**  
STREET ADDRESS **20101 Keola Ln**  
CITY-ST-ZIP **N Ft Myers FL - 33917**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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 empowered.

SIGNATURE: **Rosanne L Gilles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

Date

Daytime Phone #

CR2E034 (10/02)