

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002980

1. Entity Name

D.R. BUSINESS SYSTEMS, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90086 042 \*\*\*150.00

Principal Place of Business

3460 NORTH COURTNEY PKWY  
SUITE 8  
MERRITT ISLAND FL 32953  
US

Mailing Address

585 ELLIOT DR  
MERRITT ISLAND FL 32952-4015  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 541016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Merritt Island FL

Zip

Country

Zip  
32954

Country

U.S.A

4. FEI Number 59-3230878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDS, DOUGLAS A  
3460 N. COURTNEY PARKWAY, SUITE 8  
MERRITT ISLAND FL 32953

Name

Address Change

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

585 ELLIOTT Drive

City Merritt Island

FL

Zip Code

32952

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RICHARDS, DOUGLAS A 3460 N COURTNEY PKWY STE 8 MERRITT ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS RICHARDS, DAVID L 55 NORTH 4TH ST #103 COCOA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR VP RICHARDS, BARBARA M. 585 ELLIOT DR MERRITT ISLAND, FL 32952-4015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DR VP</del> <del>RICHARDS, PAULA L.</del> <del>55 NORTH 4TH ST #103</del> <del>COCOA BEACH FL 32909-2965</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR TRES Beverly Derman 585 ELLIOTT DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Address change) 585 ELLIOTT DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID L RICHARDS  
DR/SEC  
JAN 18/2000 324-453-8030

Date

Daytime Phone #