

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90022 011 ***150.00

DOCUMENT # P94000019911

1. Entity Name
PLD-DRD, INC.

Principal Place of Business Mailing Address
S. PENINSULA DRIVE P.O. BOX 251351
BEACH SHORES FL 32118 HOLLY HILL FL 32125-1351
US

00030840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
238 QUAY Assisi Suite, Apt. #, etc.
New Smyrna Beach

City & State City & State 4. FEI Number Applied For
FL **FL** **59-3247375** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32169 **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DAVIS, PATTY L Name
3014 S. PENINSULA DRIVE Street Address (P.O. Box Number is Not Acceptable)
DAYTONA BEACH SHORES FL 32118 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.
 SIGNATURE: *Patty Lee Davis* DATE: **3-1-00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, PATTY L		NAME	238 QUAY Assisi	
STREET ADDRESS	3014 S. PENINSULA DRIVE		STREET ADDRESS	New Smyrna Beach, FL 32169	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, DOUGLAS R		NAME	238 QUAY Assisi	
STREET ADDRESS	3014 S. PENINSULA DRIVE		STREET ADDRESS	New Smyrna Beach, FL 32169	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOENKE, MELLISA D		NAME		
STREET ADDRESS	628 TWIN OAKS CIR		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Patty Lee Davis* DATE: **3-1-00** DAYTIME PHONE #: **904 409 3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)