

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90112 019 ***150.00

DOCUMENT # P94000019911

1. Entity Name
PLD-DRD, INC.

Principal Place of Business 238 QUAY ASSISI NEW SMYRNA BEACH FL 32169 US	Mailing Address P.O. BOX 251351 HOLLY HILL FL 32125-1351 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 238 Quay Assisi Suite, Apt. #, etc.
City & State	City & State New Smyrna Beach Florida
Zip	Zip 32169
Country	Country Volusia

4. FEI Number 59-3247375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, PATTY L
 3014 S. PENINSULA DRIVE
 DAYTONA BEACH SHORES FL 32118**

Name
Street Address (P.O. Box Number is Not Acceptable) 238 Quay Assisi
City New Smyrna Beach FL Zip Code 32169

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-22-01**

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, 2001 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
NAME	DAVIS, PATTY L
STREET ADDRESS	238 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, DOUGLAS R
STREET ADDRESS	238 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	D <input type="checkbox"/> Delete
NAME	KOENKE, MELLISA D
STREET ADDRESS	628 TWIN OAKS CIR
CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-22-01** DAYTIME PHONE # **904 409 3500**

CR2E034 (10/00)