

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91763 038 ***150.00

DOCUMENT # P95000022838

1. Entity Name
DRUG FREE MANAGEMENT, INC.



Principal Place of Business
123 STAFF DRIVE
FORT WALTON BEACH FL 32548
US

Mailing Address
123 STAFF DRIVE
FORT WALTON BEACH FL 32548
US

90128363



2. Principal Place of Business
225 TROY ST
Suite, Apt. #, etc.

3. Mailing Address
225 TROY ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT WALTON BEACH, FL
Zip
32548
Country
USA

City & State
FT WALTON BEACH, FL
Zip
32548
Country
USA

4. FEI Number **59-3301599**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILAN, DONALD F
2806 ARNOLD PALMER COURT
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

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 **DONALD F. MILAN, PRES.**
Signature, typed or printed name of registered agent and title if applicable

Donald F. Milan
(NOTE: Registered Agent signature required when reinstating)

3-27-03
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MILAN, DONALD F
2806 ARNOLD PALMER COURT
SHALIMAR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MILAN, FRANK
2806 ARNOLD PALMER CT
SHALIMAR FL 32579 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **PRESIDENT**
Donald F. Milan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03 **P501-243-1018**
Date Daytime Phone #

CP2E034 (10/02)