

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90047 037 ***150.00

DOCUMENT # P95000024708

1. Entity Name
D R I CORP.

Principal Place of Business 739 SW GOODRICH ST PT ST LUCIE FL 34983 US	Mailing Address 739 SW GOODRICH ST PT. ST LUCIE FL 34951-1053 US
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2. Principal Place of Business 8801 Belleair Av. Suite, Apt. #, etc.	3. Mailing Address 8801 Belleair Av. Suite, Apt. #, etc.
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City & State FT. Pierce, FL	City & State FT-Pierce, FL
Zip 34951	Country St Lucie

4. FEI Number 65-0567564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BRISKE, DOUG
 739 SW GOODRICH ST
 PT. ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent
 Name **BRISKE, Doug**
 Street Address (P.O. Box Number is Not Acceptable)
8801 Belleair Av.
 City **FT. Pierce** FL Zip Code **34951**

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 _____ DATE _____
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. (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	
TITLE D	<input type="checkbox"/> Delete
NAME BRISKE, DOUG	
STREET ADDRESS 739 SW GOODRICH ST	
CITY-ST-ZIP PT ST LUCIE FL	
TITLE SWAER D	<input type="checkbox"/> Delete
NAME BRISKE, Doug	
STREET ADDRESS 8801 Belleair Av.	
CITY-ST-ZIP FT Pierce, FL 34951	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
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)(l), 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: Douglas A. Briske 4/20/00 561-460-9081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)