## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P95000084314

1. Entity Name BOB DRAYTON OF FLORIDA, INC.



May 02, 2003 8:00 am Secretary of State

05-02-2003 90124 005 \*\*\*150.00

Principal Place of Business 3005 51 PL				Mailing Address 3005 51 PL								
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VERO BEACH FL 32967			VERO	VERO BEACH FL 32967								
2. Principal Place of Business			3. Mai	3. Mailing Address				1011/40		BIII DIQHA IIID	41011 0101 1001	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	El Number <b>65-0628224</b>			pplied For ot Applicable	
Zip Country		Zip	Zip		Country					.75 Additional Required		
	6. Name ar	nd Address of Currer	nt Registere	ed Agent			7. N	lame and Address of New R	egistered /	Agent		
- 4	e 14.175					Name		· «		-	· · · · · · · · · · · · · · · · · · ·	
ELLIS, AMBROS G				Street Add			ddress (PO B	ss (P.O. Box Number is Not Acceptable)				
5655 59TH TERRACE				Silest Addies					, 			
VERO BEA	ACH FL:32967	•										
						City	<del></del> -		FL	Zip Cod	de	
			for the purp	ose of changing its	registere	ed office or	registered ag	ent, or both, in the State of Flo	rida. I am	familiar with	and accept	
the obligat	tions of registere	ed agent.										
SIGNATURE .	Signature, typed or c	rinted name of registered age	nt and title if app	licable. (NOTE	: Registered	1 Agent signatur	re required when re	instating)	DATE			
								J				
		FEE IS \$150.00					ļ	9. Election Campaign Fin	ancing	\$5.0	00 May Be	
ופוזנו		FAR WILL BA SASO III	1									
		Fee will be \$550.00 lorida Department						Trust Fund Contribution			d to Fees	
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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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR