

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90066 010 ***150.00

DOCUMENT # P96000000829

1. Entity Name
THE DRISCOLL GROUP, INC.

Principal Place of Business
4651 SALISBURY ROAD SOUTH, SUITE 185
JACKSONVILLE FL 32256

Mailing Address
4651 SALISBURY ROAD SOUTH, SUITE 185
JACKSONVILLE FL 32256



2. Principal Place of Business
8825 Perimeter Park Blvd

3. Mailing Address
8825 Perimeter Park Blvd.

Suite, Apt. #, etc.
604

Suite, Apt. #, etc.
604

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number **59-3355139**

Applied For
☐ Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRISCOLL, KEVIN

~~**4651 SALISBURY ROAD SOUTH, #185**~~
~~**JACKSONVILLE FL 32256**~~

Name
DRISCOLL, KEVIN

Street Address (P.O. Box Number is Not Acceptable)
8825 Perimeter Park Blvd.
Ste 604

City **JACKSONVILLE** FL Zip Code **32216**

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 **KEVIN DRISCOLL** **1.10.02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DRISCOLL, KEVIN I 10129 LAKE LAMAR CT JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, CATHERINE U 10129 LAKE LAMAR CT JACKSONVILLE FL 32256	☐ 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

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

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: **KEVIN DRISCOLL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.10.02
Date

904.620.9993
Daytime Phone #

CR2E034 (9/01)