

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000034182**

1. Entity Name

DRUID, INC.**FILED**
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90269 047 ***150.00

0008562

Principal Place of Business

**300 W PARK AVE
EDGEWATER FL 32132
US**

Mailing Address

**408 MISSION ROAD
NEW SMYRNA BEACH FL 32168****A0083854**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3379322**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****ARMENT, JOAN W
408 MISSION ROAD
NEW SMYRNA BEACH FL 32168****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.

SIGNATURE

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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMENT, DIXON G	
STREET ADDRESS	408 MISSION ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARMENT, JOAN W	
STREET ADDRESS	408 MISSION ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WELLS, ROBYN D	
STREET ADDRESS	408 MISSION ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2034 (10/00)

Attachment

AW 83854

Doc. # P 96000034182

**DRUID, INC.
408 MISSION ROAD
NEW SMYRNA BEACH, FL 32168**

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

August 30, 2001

Re: 2001 Uniform Business Report
Document # P96000034182

To Whom It May Concern:

We have enclosed 2001 Uniform Business Report and a check for \$150.

We have been undergoing severe financial problems and have the business up for sale. On top of these problems a close family member was involved in a boating accident, and our grandson was killed in an automobile accident. This has caused both emotional, financial and managerial stress with the day to day operations of the business.

We apologize for the oversight in not getting this report to you sooner, and respectfully request that you abate the late filing fees, as it's imposition would cause severe hardship.

Thank you for your assistance in this matter.

Joan W. Arment
Director

Joan W. Arment