


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90140 020 ***150.00

DOCUMENT # P96000034182

1. Entity Name
DRUID, INC.



Principal Place of Business
**300 W. PARK AVE
EDGEWATER, FL 32132
US**

Mailing Address
**408 MISSION ROAD
NEW SMYRNA BEACH, FL 32168**



2. Principal Place of Business
109 Ridgewood Avenue

3. Mailing Address
109 Ridgewood Avenue

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Edgewater, FL

City & State
Edgewater, FL

Zip
32132

Country
U.S.A.

4. FEI Number
59-3379322

Applied For
 Not Applicable

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
ROBYN DEAN WELLS

Street Address (P.O. Box Number is Not Acceptable)
109 S. Ridgewood Avenue

City
Edgewater **FL** Zip Code
32132

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 _____ DATE _____

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

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

11. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD
STREET ADDRESS	Wells, Robyn D.
CITY-ST-ZIP	109 Ridgewood Avenue Edgewater, FL 32132
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	

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:  **Robyn Dean Wells** 3/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)