

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069934

1. Entity Name

DRIRITE OF BROWARD, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90048 009 ***150.00

Principal Place of Business

4691 N UNIVERSITY DR #324
CORAL SPRINGS FL 33067

Mailing Address

4691 N UNIVERSITY DR #324
CORAL SPRINGS FL 33067-4620

2. Principal Place of Business

4630 N. University Dr
Suite, Apt. #, etc.
324

City & State

Coral Springs FL

Zip

33067

Country

USA

3. Mailing Address

4630 N. University Dr
Suite, Apt. #, etc.
324

City & State

Coral Springs FL

Zip

33067

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0690527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS, JOHN

4691 N UNIVERSITY DR #324
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Burns, John

Street Address (P.O. Box Number is Not Acceptable)

4630 N. University Dr #324

City

Coral Springs

FL

Zip Code

33067

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BURNS, JOHN	4691 N UNIVERSITY DR #324	CORAL SPRINGS FL 33067	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Burns, John	4630 N. University Dr #324	Coral Springs FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

954 753-0684

Daytime Phone #

CR2E034 (9/99)