

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

10f2

DOCUMENT #. 9900000 74830

1. Entity Name

THE DRAIT CORPORATION

FILED

02 SEP 17 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HOME - 10131 CROSS GREEN WAY
Suite, Apt. #, etc.

3. Mailing Address

10131 CROSS GREEN WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number

59-3417072

Applied For

Not Applicable

Zip
32256

Country
DUVAL

Zip
32256

Country
DUVAL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID R. AIT

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

10131 CROSS GREEN WAY

City

JACKSONVILLE

FL

Zip Code

32256

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
SUSAN E. AIT - VP. Sec.
10131 CROSS GREEN WAY
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700007846897--5
-09/19/02--01043--001
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. - TREE
DAVID R. AIT
10131 CROSS GREEN WAY
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP.
John D. AIT
18 ASCENSION CT.
ASHVILLE, NC 28806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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CR2E034B (12/01)

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 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 #

Aug 29.02 904-564-2437