

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90085 022 \*\*\*150.00

**DOCUMENT #** P97000077589  
**1. Entity Name**  
DRZ South, Inc

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
RR23 Box 2020  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
LAKE CITY, FL  
**Zip**  
32025

**City & State**  
 City & State  
**Zip**  
 Country

**4. FEI Number**  
65-0796101  
 Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
**Name**  
Steven H DAY JR  
**Street Address (P.O. Box Number is Not Acceptable)**  
RR23 Box 2020  
**City** LAKE CITY FL **Zip Code** 32025

**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] **DATE** 4-15-02  
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**  
PRESIDENT  
**NAME**  
STEVEN H DAY JR  
**STREET ADDRESS**  
RR23 Box 2020  
**CITY-ST-ZIP**  
LAKE CITY FL 32025

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
Secy  
**NAME**  
John Jameson  
**STREET ADDRESS**  
460 GARDNER  
**CITY-ST-ZIP**  
NORTH LEE MI 48167

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE IN THIS SPACE**

**TITLE**  
**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)(f), 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] STEVEN H DAY JR PRESIDENT **DATE** 4-15-02 **Daytime Phone #** 800-452-4203

CR2E034B (12/01)