

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90040 009 ***150.00

DOCUMENT # **P97000096744**

1. Entity Name
DRH & ASSOCIATES, CORP.

Principal Place of Business Mailing Address
HUNTER'S LAKE DR., APT. 312 **8801 HUNTER'S LAKE DR., APT. 312**
FL 33647 **TAMPA FL 33647-2851**

2. Principal Place of Business 3. Mailing Address
APT #126 **P.O. Box 290511**
APT #126

City & State City & State
TAMPA, FL
 Zip Country Zip Country
33647

4. FEI Number **59-3496383** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
HURST, DUDLEY
8801 HUNTER'S LAKE DR., APT. 312 126
TAMPA FL 33647

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
APT #126
 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, 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 ☐ Delete
 NAME **HURST, DUDLEY**
 STREET ADDRESS **8801 HUNTER'S LAKE DR., APT. 312**
 CITY-ST-ZIP **TAMPA FL 33647**
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **APT #126**
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
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 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: **DUDLEY HURST** Date **4/6/00** Daytime Phone **813-887-7361**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)