

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

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90080 025 \*\*\*150.00

**DOCUMENT # P98000033549**

**1. Entity Name**  
**D.R.U.H., INCORPORATED**



**Principal Place of Business**  
**4013 NW BLITCHTON ROAD**  
**OCALA FL 34482-4063**

**Mailing Address**  
**4013 NW BLITCHTON ROAD**  
**OCALA FL 34482-4063**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3502818**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PATEL, DIPAK B**  
**4013 NW BLITCHTON ROAD**  
**OCALA FL 34482-4063**

Name

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

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **PATEL, DIPAK B**  
**STREET ADDRESS** **4013 NW BLITCHTON RD**  
**CITY-ST-ZIP** **OCALA FL 34482**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **PATEL, RITA D**  
**STREET ADDRESS** **4013 NW BLITCHTON RD**  
**CITY-ST-ZIP** **OCALA FL 34482**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/03

352-732-6940

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
90136926

May 17, 2003

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee FL 32302-1500

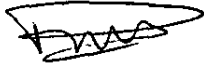
Re: Document # P98000033549  
Document # P01000101912

Dear Sir or Madam:

I have not been able to send in my UBR form by May 1, 2003, which was the due date. I would like to apologize for the erroneous mistake of not filing on time. Due to unforeseen circumstances in my life, I am now mailing it in. If you would please accept the filing fee of \$150.00 per corporation, I would greatly appreciate it.

Thank you for your understanding and assistance.

Sincerely,



Rita Patel

4013 NW Blitchton Road  
Ocala FL 34482  
(352) 732-6940