

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90065 044 \*\*\*150.00

**DOCUMENT # P98000034903**

1. Entity Name

**DRAGON LAND SURVEYING, INC.**

Principal Place of Business

5329 CHERRY ST  
PANAMA CITY FL 32404  
US

Mailing Address

5329 CHERRY ST  
PANAMA CITY FL 32404  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3509681**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WATTERSON, BARBARA J**  
**142 CHERI LANE**  
**PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent

Name **Carol Ann Dragon**

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

**3729 East Eighth Court**  
City **Panama** FL Zip Code **32401**

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 **Carol Ann Dragon** Office Manager **Carol Ann Dragon** **03-29-01**  
Signature, typed or printed name of registered agent and fee, 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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRAGON, MARK</b>	
STREET ADDRESS	<b>5329 CHERRY ST</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DRAGON, ROCHELLE</b>	
STREET ADDRESS	<b>1405 BRITTON ROAD</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dragon, Carol</b>	
STREET ADDRESS	<b>3729 East Eighth Court</b>	
CITY-ST-ZIP	<b>Panama, City Florida 32401</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: **Mark Dragon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850-763-7997**

CR2E034 (10/00)