## 2003 FOR PROFIT CORPORATION

## FILED Jan 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000060110 **DOCUMENT #** 1. Entity Name 01-21-2003 90540 046 \*\*\*150.00 DRD, INC. Principal Place of Business Mailing Address 3757 12TH STREET NORTH 409 GARRIEL CIR NAPLES FL 34103 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address 15038 SPINAKER CT 15038 SPINAKER Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3521555 VAPLES NAPLES Not Applicable Country Zip \$8.75 Additional П 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN KUBALA KUBALA, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 409 GABRIEL CIRCLE UNIT 1 SPINAKER NAPLES FL: 34104 City NAPLES 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. 1. SIGNATURE STEP HEN KUBA-A, 12 EASURERY PRESIDENT Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent 🕏 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE " Change ☐ Addition TITLE ☐ Delete NAME KUBALA, STEPHEN NAME 15038 SPINAKER CT. STREET ADDRESS 409 GABRIEL CIRCLE #1 STREET ADDRESS NADLES, FL. 34119 CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP ☐ Addition **Change** TITLE TITLE ☐ Delete NAME NAME DRAKE, DOUGLAS 598 LAMBTON STREET ADDRESS STREET ADDRESS 3757 12TH STREET NORTH CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34103 NAPLES, FL 34102 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP