

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 040 ***150.00

DOCUMENT # P98000100248

1. Entity Name

DROZD ATLANTIC CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6805 U.S. HIGHWAY 1 SOUTH

Suite, Apt. #, etc.

3. Mailing Address

6805 U.S. HIGHWAY 1 SOUTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAINT AUGUSTINE, FLORIDA

City & State

SAINT AUGUSTINE, FLORIDA

4. FEI Number

59-3544467

Applied For

Not Applicable

Zip

32086

Country

U.S.A.

Zip

32086

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHAMBERLAIN, STEVEN M.

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

618 NORTHEAST FIRST STREET

City

GAINESVILLE

FL

Zip Code

32601

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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
DEBORAH A. DROZD
6805 U.S. HIGHWAY ONE SOUTH
SAINT AUGUSTINE, FLORIDA 32086

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE-PRESIDENT / SECRETARY
EDWARD C. DROZD
6805 U.S. HIGHWAY ONE SOUTH
SAINT AUGUSTINE, FLORIDA 32086

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
DONALD G. POWELL
1863 STATE ROAD 20
HAWTHORNE, FLORIDA 32640

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald G. Powell

DONALD G. POWELL

04-29-2002 352-371-4108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #