

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90770 021 ***150.00

DOCUMENT # P98000100248
1. Entity Name DROZD ATLANTIC CORP.

90118029

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 6805 U.S. HIGHWAY ONE SOUTH Suite, Apt. #, etc.	3. Mailing Address 6805 U.S. HIGHWAY ONE SOUTH Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SAINT AUGUSTINE, FLORIDA	City & State SAINT AUGUSTINE, FLORIDA
Zip 32086	Country U.S.A.

4. FEI Number 59-3544467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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. 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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DEBORAH A. DROZD ONE BEACH STREET SAINT AUGUSTINE BEACH, FLORIDA 32086	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT / SECRETARY EDWARD C. DROZD ONE BEACH STREET SAINT AUGUSTINE BEACH, FLORIDA 32086	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donald G. Powell **DONALD G. POWELL** **04-29-2003 352-371-4108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #