

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102200

1. Entity Name
DRAGON ASSOCIATES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90112 026 ***150.00

Principal Place of Business

3616 WEBBER ST. SUITE 206
SARASOTA FL 34232

Mailing Address

3616 WEBBER ST. SUITE 206
SARASOTA FL 34232

2. Principal Place of Business

2778 Greendale DR.
Suite, Apt. #, etc.

3. Mailing Address

2778 Greendale DR.
Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

SARASOTA, FL

4. FEI Number

65-0885241

Applied For

Not Applicable

Zip

34232

Country

SARASOTA

Zip

34232

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONVILLE, PAUL
2778 GREENDALE DRIVE
SARASOTA FL 34232

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.

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MONVILLE, PAUL**
STREET ADDRESS **2778 GREENDALE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

PAUL P. MONVILLE, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 941-342-8886
Date Daytime Phone #

CR2E034 (10/00)