2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P9900001647

1. Entity Name

DREGGORS & TEAL, P.A.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90136 024 ***150.00

Principal Place of Business 1006 N WOODLAND BLVD SUITE A DELAND FL 32720		1006 Suit	Mailing Address 1006 N WOODLAND BLVD SUITE A DELAND FL 32720						
2. Principal Place of Business		3. Ma	3. Mailing Address			. 1 10051001 110 50110 10111 40111 40511 05111 0011	 	11011 1001 1001	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City	& State		4. F	59-3548644		plied For t Applicable	
Zip	Country	Zip		Country	5. (Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Curr	ent Register	ed Agent		7. N	lame and Address of New Registered	•		
				Name		,			
TEAL, MIC	CHAEL S It rich ave		Street Addres			s (P.O. Box Number is Not Acceptable)			
DELAND F	* -		a in the same of t				····		
				City		F	Zip Code	э	
8. The above	named entity submits this statemen	nt for the purp	oose of changing its	registered office or re	registered age	ent, or both, in the State of Florida. I an	n familiar with,	and accept	
the obligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if app	olicable. (NOTE	E: Registered Agent signature	e required when re	instating) DATE			
··	ILE NOW!!! FEE IS \$150.00	•							
Afte	May 1, 2003 Fee will be \$550.					Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
Make Check Payable to Florida Department of State						7,000	10 / 300		
10.		ND DIRECTO		11.	AD	DITIONS/CHANGES TO OFFICERS AN			
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NAME STREET ADDRESS	1006 N. WOODLAND BLVD.			NAME					
STREET ADDITION									
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/13

Daytime Phone #

CR2E034 (10/0