

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 030 ***150.00

DOCUMENT # P99000043984

1. Entity Name
DRAGON'S TALE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1543 Atlantic Blvd.

3. Mailing Address
8853 San Jose Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Neptune Beach, FL 32266

City & State
Jacksonville, FL 32217

4. FEI Number
59-3577386

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Edwin Presser

Street Address (P.O. Box Number is Not Acceptable)
8853 San Jose Boulevard

City
Jacksonville

FL

Zip Code
32217

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
PT
NAME
HAMILTON, DAVID
STREET ADDRESS
1543 Atlantic Blvd.
CITY-ST-ZIP
Neptune Beach, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VPS
NAME
SHEPARD, HERSCHEL E., III
STREET ADDRESS
1543 Atlantic Blvd.
CITY-ST-ZIP
Neptune Beach, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Herschel Shepard III

Herschel Shepard III, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

(404) 246-0163
Daytime Phone #

CR2E034B (12/01)