

# 2000 UNIFORM BUSINESS REPORT (UBR)

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P 99000049700  
1. Entity Name  
DREGGORS MARINE INC

FILED

00 JUN -2 AM 8:21

Principal Place of Business Mailing Address  
9235 SE 154 STREET 9235 SE 154 STREET  
SUMMERFIELD FL 34491 SUMMERFIELD FL 34491

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
John L DREGGORS  
9235 SE 154 STREET  
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent  
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: John L Dreggors 4/30/2000  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW  
FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

State of Florida Department of State

10. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PRESIDENT John L DREGGORS 9235 SE 154 STREET SUMMERFIELD FL 34491  
SECRETARY DUNN DREGGORS 9235 SE 154 STREET SUMMERFIELD FL 34491

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1000032181  
-07/05/00-01066-04  
\*\*\*150.00 \*\*\*150.00  
LS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: John L Dreggors 4/30/2000  
Signature typed or printed name of signing officer or director Date Daytime Phone #

002007 (9/99)