

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39522

1. Entity Name  
DRISCO, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90094 017 \*\*\*550.00

Principal Place of Business

P. O. BOX 807  
TARPON SPRINGS FL 34688  
US

Mailing Address

P. O. BOX 807  
TARPON SPRINGS FL 34688  
US

2. Principal Place of Business

2469 Enterprise Road  
Suite, Apt. #, etc.

Suite C

City & State  
Clearwater, FL

Zip  
33763

Country  
USA

3. Mailing Address

2469 Enterprise Road  
Suite, Apt. #, etc.

Suite C

City & State  
Clearwater, FL

Zip  
33763

Country  
USA

00000013



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3051757

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRIS, MILTON E.  
3935 ORCHARD HILL CIRCLE  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2469 Enterprise Road

Suite C

City Clearwater

FL

Zip Code 33763

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]*

7-20-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D ☐ Delete  
NAME DRIS, MILTON  
STREET ADDRESS 1316 FALLSMEADE CT  
CITY-ST-ZIP OLDSMAR FL

TITLE D ☐ Delete  
NAME EADY, EDWARD  
STREET ADDRESS 1316 FALLSMEADE CT  
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2469 Enterprise Road, Suite C  
CITY-ST-ZIP Clearwater, FL 33763

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2469 Enterprise Road, Suite C  
CITY-ST-ZIP Clearwater, FL 33763

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

(727) 669-3788

Daytime Phone #

CR2E034 (5/00)