FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

Apr 09, 2002 8:00 am Secretary of State S48404 DOCUMENT # 1. Entity Name DRH INVESTMENTS, INC. 04-09-2002 90005 027 ***150.00 Principal Place of Business Mailing Address 3656 ELECTRONICS WAY 470 Columbia Dr. 2656 ELECTRONICS WAY WEST PALM BEACH FL 22407-WEST PALM BEACH FL 33407 33409 2. Principal Place of Business 3. Mailing Address 470 Columbia 470 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0256626 7 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HURST, DAVID R. Street Address (P.O. Box 2656 ELECTRONICS WAY **WEST PALM BEACH FL 33407** 8. The above named entity submits this statement for the pr pose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed o (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change TITLE TITLE ☐ Delete ☐ Addition HURST, DAVID R. NAME NAME 470 Columbia Drive, Str. 0-201 69 CURLEW ROAD STREET ADDRESS STREET ADDRESS MANALAPAN FL CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE HURST, DAVID R. NAME NAME 470 robumbia Drive. Ste. 0-201 STREET ADDRESS 69 CURLEW ROAD STREET ADDRESS MANALAPAN FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

561-683-123