

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90471 007 ***150.00

DOCUMENT # V48509

1. Entity Name
D.R. MABRY, INC.



Principal Place of Business
**112 HARBOR WAY
AUBURDALE FL 33823
US**

Mailing Address
**112 HARBOR WAY
AUBURDALE FL 33823
US**



2. Principal Place of Business
1048 1/2 Hwy 92 WEST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1830
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Auburndale FLORIDA

City & State
Auburndale FLORIDA

4. FEI Number **59-3137640**

Applied For
☐ Not Applicable

Zip **33823** Country **USA**

Zip **33823** Country **USA**

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

6. Name and Address of Current Registered Agent

**MABRY, DANNY
1213 KEYSTONE CT
AUBURDALE FL 33823**

7. Name and Address of New Registered Agent

Name **DANNY R. MABRY**
Street Address (P.O. Box Number is Not Acceptable)
1048 1/2 Hwy 92 WEST
City **Auburndale** FL Zip Code **33823**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Danny R. Mabry* **DANNY R. MABRY** **1-8-03**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MABRY, DANNY	
STREET ADDRESS	112 HARBOR WAY	
CITY-ST-ZIP	AUBURDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY R. MABRY	
STREET ADDRESS	1048 1/2 Hwy 92 WEST	
CITY-ST-ZIP	AUBURDALE FLORIDA 33823	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD E. DAVIDSON	
STREET ADDRESS	707 COUNTRY LANE N.E	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLE R. GUY	
STREET ADDRESS	913 KRISTINA CT.	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Danny R. Mabry* **DANNY R. MABRY** **1-8-03** **863-967-0486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)