

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90022 040 ***150.00

DOCUMENT # S89162
 1. Entity Name
DRAGON DEVELOPMENT CORPORATION

Principal Place of Business
14255 US HIGHWAY ONE
SUITE 291
JUNO BEACH FL 33408
US

Mailing Address
14255 US HIGHWAY ONE
SUITE 291
JUNO BEACH FL 33408
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
59 Skyline Drive
 Suite, Apt. #, etc.
Suite 1100
 City & State
Lake Mary, FL

3. Mailing Address
59 Skyline Drive
 Suite, Apt. #, etc.
Suite 1100
 City & State
Lake Mary, FL

4. FEI Number **65-0294929** Applied For
 Not Applicable

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

Zip Country Zip Country
32746 Seminole 32746 Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALD J. WESTER
14255 U.S. HIGHWAY ONE
SUITE 291
JUNO BEACH FL 33408

Name
Teresa A. Moore
 Street Address (P.O. Box Number is Not Acceptable)
59 Skyline Drive
Suite 1100
 City **Lake Mary** **FL** Zip Code **32746**

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 Teresa A. Moore Teresa A. Moore, CEO 1/8/02
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 \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBSTER, NANCY 14255 U.S. HWY ONE SUITE 291 JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDC WEBSTER, DONALD 14255 US HWY ONE SUITE 291 JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO Teresa A. Moore 2099 Ackola Pt. Longwood, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T Matthew M Moore 2099 Ackola Pt. Longwood, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brian Skutt 3421 Blackberry lane Ellicott City, MD 21042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Teresa A. Moore, CEO 1/8/02 407-548-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRET 11

CR2E034 (9/01)