## **FILED** Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90106 037 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P98000069193

**DOCUMENT #** 1. Entity Name

DRAFT ONE & TWO, INC.			1	
Principal Place of Business 702: NW PARK ST OKEECHOBEE: FL: 34972		Mailing Address		
		702 NW PARK ST OKEECHOBEE FL		
2. Principal Place of Business		3. Mailing Addres	s	
Suite, Apt. #, etc.		Suite, Apt. #, eta	c.	
City & State		City & State		
Zip	Country	Zip	Country	

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			<i>,-</i>

DO NOT WRITE IN THIS SPACE

65-0858515

Country Zip	Country	5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Re	egistere	d Agent
	Name		-	
er, gary e	-			
52ND DR	Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
				·
OBEE/FL 34972				

City

4. FEI Number

ing)

**SCHERR** 2931 NE OKEECH

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or path, in the State of Florida.

SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstat

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

Zip Code

FL

Applied For

Not Applicable

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHERRER, GARY E 2931 NE 52ND DR OKEECHOBEE FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete KAISER, MICHAEL G 8053 SE 99TH TR OKEECHOBEE FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

Attendent 080914 # P18 D000 69/93 9-11-02 To whom it may concepn, My partner 3 I Just Recieved this 2002 Unitorm BusinESS Report Form 9-19-02 and I'm mailing it today 9-11-02 as you can see this is a major oversite on someones part. WE ARE Sorry for any inconvience this may have caused. Graft one & two Inc