

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90148 027 \*\*\*150.00

**DOCUMENT # 191803**

1. Entity Name  
**DREWCREST INC**



Principal Place of Business  
**120 HILLCREST AVE. N.  
CLEARWATER FL 33755  
US**

Mailing Address  
**120 HILLCREST AVE. N.  
CLEARWATER FL 33755  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6059825**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, DONALD R  
2900 US HWY 19 N STE 402  
CLEARWATER FL 34621**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☒ Delete  
NAME **RUSSELLE, JOHN A.**  
STREET ADDRESS **120 HILLCREST AVE., NO**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **A** ☒ Change ☒ Addition  
NAME **LEAKE ROBERT**  
STREET ADDRESS **120 HILLCREST AVE. N.**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **SD** ☐ Delete  
NAME **SERTICH, TAMMY**  
STREET ADDRESS **120 HILLCREST AVE N**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **PDT** ☒ Change ☐ Addition  
NAME **SERTICH TAMMY**  
STREET ADDRESS **120 HILLCREST AVE. N.**  
CITY-ST-ZIP **CLEARWATER FL. 33755**

TITLE **VD** ☒ Delete  
NAME **TORNQUIST, DAVID**  
STREET ADDRESS **1385 DREW ST**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ Change ☒ Addition  
NAME **DILLON THOMAS**  
STREET ADDRESS **120 HILLCREST AVE. N.**  
CITY-ST-ZIP **CLEARWATER FL. 33755**

TITLE **D** ☐ Delete  
NAME **SLAMEN, DARLENE**  
STREET ADDRESS **1385 DREW ST**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **SD** ☒ Change ☐ Addition  
NAME **SLAMEN DARLENE**  
STREET ADDRESS **1385 DREW ST.**  
CITY-ST-ZIP **CLEARWATER FL. 33755**

TITLE **D** ☐ Delete  
NAME **RHODES, WILLIAM**  
STREET ADDRESS **1385 DREW ST**  
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Tammy Sertich* **TAMMY SERTICH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03 727-530-9509  
Date Daytime Phone

CR2E034 (10/02)