## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 292323** Mar 04, 2000 8:00 am **Secretary of State** THE H. & W. B. DREW COMPANY 03-04-2000 90119 028 \*\*\*150.00 Principal Place of Business Mailing Address 1927 SECLUDED WOODS LANE P. O. BOX 5849 JACKSONVILLE FL 32247-5849 NEPTUNE BEACH FL 32266 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1108019 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTERSON, ALLEN Street Address (P.O. Box Number is Not Acceptable) 1927 SECLUDED WOODS LANE **NEPTUNE BEACH FL 32266** Zip Code 8. The above named egitty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. AllRY C. PATEUSUN 2 ~2 9-00 (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition Delete ☐ Change TITLE TITLE HOBBS, DOROTHY NAME NAME 1927 SECLUDED WOODS LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NEPTUNE BEACH FL 32266 TSD ☐ Delete TITLE ☐ Change ☐ Addition PATTERSON, ALLEN C. NAME 1927 SECLUDED WOODS LANE STREET ADDRESS STREET ADDRESS **NEPTUNE BEACH FL 32266** CITY-ST-ZIP CITY-ST-ZIP Brown Donald K Charles Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS BRALL FL 3274-CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ap ac