## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 302671 Jan 28, 2000 8:00 am **Secretary of State** DRIFT-IN, INC. 01-28-2000 90080 039 \*\*\*150.00 Principal Place of Business Mailing Address 2709 CORTEZ ROAD, WEST 2709 CORTEZ ROAD, WEST **BRADENTON FL 34207-1132 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1143237 Not Applicable Zip - ---Zip · \$8.75 Additional -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHERRICK, EDGAR S Street Address (P.O. Box Number is Not Acceptable) 3105 LAKE BAYSHORE DR **BRADENTON FL 34205** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS Change ☐ Addition □ Delete TITLE TITLE SHERRICK, EDGAR S NAME NAME 3150 LAKE BAYSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME SHERRICK, E JUNE NAME STREET ADDRESS 3150 LAKE BAYSHORE DR. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MACK, CHAROLETT K. NAME NAME STREET ADDRESS 3150 LAKE BAYSHORE DR. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CUERVO, JOSEPH T NAME NAME 3909 HIGHLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

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