

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 469608

1. Entity Name

DREYER ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1004 VENETIAN BLVD.
P.O. BOX 252
ISLAMORADA FL 33036-0252

1004 VENETIAN BLVD.
P.O. BOX 252
ISLAMORADA FL 33036-0252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DREYER, JOHN A
2749 ST THOMAS DR
PUNTA GORDA FL 33950

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.

SIGNATURE

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, 2000 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 PD
NAME DREYER, JOHN A.
STREET ADDRESS 1004 VENETIAN BLVD.,
CITY-ST-ZIP ISLAMORADA FL ☐ Delete

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

TITLE D
NAME DREYER, ANNA LOIS
STREET ADDRESS 1004 VENETIAN BLVD.
CITY-ST-ZIP ISLAMORADA FL ☐ Delete

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90043 021 ***150.00

80023580



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1588143

Applied For
Not Applicable

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