

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90022 015 ***150.00

DOCUMENT # 626982

1. Entity Name

JIM DREHER, INC.

Principal Place of Business

**1817 US HIGHWAY 19
HOLIDAY FL 34691
US**

Mailing Address

**PO BOX 102
NEW PORT RICHEY FL 34656**

2. Principal Place of Business

3119 BLUFF BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLIDAY, FL

City & State

Zip

34691

Country

Country

4. FEI Number

59-2062390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DREHER, JAMES
1518 US HIGHWAY 19
SUITE C
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

Name

JAMES DREHER

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

3119 BLUFF BLVD

City

HOLIDAY

FL

Zip Code

34691

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

JAMES DREHER PRES

1/17/02

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, 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

11. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **DREHER, MARY S**
STREET ADDRESS **3119 BLUFF BLVD.**
CITY-ST-ZIP **HOLIDAY FL**

TITLE **PD** ☐ Delete
NAME **DREHER, JAMES**
STREET ADDRESS **3119 BLUFF BLVD.**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DREHER PRES 1/17/02

Date

Daytime Phone #

727-364-4977

CR2E034 (9/01)