

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

02-04-2002 90022 015 \*\*\*150.00

REAR 1237 AV

**DOCUMENT # 626982**  
**1. Entity Name**  
**JIM DREHER, INC.**

**Principal Place of Business**      **Mailing Address**  
**1817 US HIGHWAY 19**      **PO BOX 102**  
**HOLIDAY FL 34691**      **NEW PORT RICHEY FL 34656**  
**US**



**2. Principal Place of Business**      **3. Mailing Address**  
**3119 Bluff Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**  
**Holiday, FL**  
**Zip**      **Country**      **Zip**      **Country**  
**34691**

**4. FEI Number**      **Applied For**  
**59-2062390**      **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DREHER, MARY S</b> <b>3119 BLUFF BLVD.</b> <b>HOLIDAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DREHER, JAMES</b> <b>3119 BLUFF BLVD.</b> <b>HOLIDAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**      **JAMES DREHER PRES**      **1/17/02**      **727-364-4977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)