2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751712

1. Entity Name

DREW OFFICE PARK, CONDOMINIUM, INC.



FILED

04-30-2003 90028 013 ****61.25

Apr 30, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address C/O EE VALTORTA, C.P.A. 2380 DREW STREET 11026167 2380 DREW STREET. SUITE 7A SUITE 7A CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2357467 Applied For Not Applicable Zip Country Zip 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. PATTERSON, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 2380 DREW STREET, SUITE 7B **CLEARWATER FL 34625** City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Addition PATTERSON, JAMES M. NAME NAME 2380 DREW ST., STE: 7B STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEARWATER FL 👙 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NUSSEAR, ROBERT E. NAME NAME 2380 DREW ST., STE. 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY=ST-ZIP-- ~ TITLE ☐ Delete ☐ Change ☐ Addition VALTORTA, E E NAME NAME 2380 DREW ST #7A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

REQUIRED

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIE

E E VALTORTA, TREAS. 4-23-03 727-797-0366

E037 (10/02)