

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

DREW SCOTT, INC.

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90006 037 \*\*\*150.00

00046345

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2939 (NEW)  
Burns Rd  
Palm Beach Gardens, FL  
33410

Mailing Address

100 SHORE COURT #212  
N. PALM BEACH, FL  
33408

2. Principal Place of Business

above 2939 BURNS RD

3. Mailing Address

100 SHORE COURT

above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

City & State

PALM BEACH GARDENS FL

City & State

N. PALM BEACH

4. FEI Number

22-1942048

Applied For

Not Applicable

Zip

33410

Country

PALM BEACH

Zip

33408

Country

PALM BEACH

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THEODORE LEVY, PRES  
100 SHORE COURT #212  
N. PALM BEACH, FL-33408

7. Name and Address of New Registered Agent

Name

(SAME) THEODORE LEVY

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

100 SHORE COURT #212

City

N. PALM BEACH

FL

Zip Code

33408

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, 2001 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. NO CHANGE OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE THEODORE LEVY, PRES ☐ Delete  
NAME 100 SHORE COURT #212  
STREET ADDRESS N. PALM BEACH, FL-33408  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME NO  
STREET ADDRESS OTHERS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (11/00)