

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002668

1. Entity Name
DREW SCOTT, INC.

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90006 047 ***150.00

Principal Place of Business
3375 BURNS RD
NORTH PALM BEACH FL 33408

Mailing Address
100 SHORE COURT, SUITE 212
NORTH PALM BEACH FL 33408

900004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2539 BURNS RD
Suite, Apt. #, etc.

3. Mailing Address
100 Shore Court #212
Suite, Apt. #, etc.

City & State
Palm Beach Gardens FL
City & State
Palm Beach Gardens FL

Zip
33410
Country
USA
Zip
33408
Country
USA

4. FEI Number
22-1942048
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEVY, THEODORE
100 SHORE COURT, SUITE 212
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CPS LEVY, THEODORE 100 SHORE COURT, SUITE 212 NORTH PALM BEACH FL 33408			No others		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NO OTHERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 the 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: Jan 3, 2002
Daytime Phone #

03555660 AV
CR2E034 (9/01)