2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13516



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Name DRAINMASTER INC.							03-03-2003 90465 012 ***150.00					
Principal Place of Business 1961 SE GENA PORT ST. LUCIE FL 34952				Mailing Address 1961 SE GENA PORT ST. LUCIE FL 34952								
2. Principal Place of Business				3. Mailing Address				INNO III ON TIIN II INNO EIII	71811 81811 81811 8181	1 B1011 #1611 #101.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 5	. FEI Number 59-2631532 Applied F			_	
Zip -	Country		Zip Co		Country	المدايجتين	5. Certificate of Status Desired Fee Required				7.	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
					Name	Name						
ALLEN, JACQUELINE					Street A	Street Address (P.O. Box Number is Not Acceptable)					-	
1961 SE GENA AVENUE					0.700.7	The state of the s						
PORT SAINT LUCIE FL 34952												
	-				City				FL Zip Co	de	1	
8. The above n	named entity	submits this statement for t	the purp	ose of changing its re	gistered office or	registere	d agent, or both, in t	ne State of Florida.	l am familiar witt	, and accept	1	
the obligatio	ins of registe	red agent.										
SIGNATURE		-										
	Signature, typed o	r printed name of registered agent and	d title if app	licable. (NOTE: F	Registered Agent signate	ure required w	rhen reinstating)	C	PATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							I	Campaign Financing d Contribution.	· _	00 May Be ed to Fees		
10.	OFFICERS AND DIRECTORS				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME .	P Allen, Jac			Delete	TITLE NAME				☐ Change	☐ Addition	00/07	
		ena avenue It lucie FL 34952			STREET ADDRESS CITY-ST-ZIP						100	
TITLE				☐ Delete	TITLE				☐ Change	Addition	ڄ ڳ	
NAME	•				NAME		•				1	
STREET ADDRESS					STREET ADDRESS							
CITY-ST-ZIP	· -		-		CITY-ST-ZIP						4	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: