

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90166 002 ***150.00

DOCUMENT # K07846

1. Entity Name

DRAKE MOTOR COMPANY



Principal Place of Business

% BERYL G. DRAKE, III
4264 FOWLER ST.
FT. MYERS FL 33901

Mailing Address

% BERYL G. DRAKE, III
4264 FOWLER ST.
FT. MYERS FL 33901

2. Principal Place of Business

% Paul Martin
4264 Fowler St.
Ft. Myers, FL.
Zip 33901 Country

3. Mailing Address

% Paul Martin
4264 Fowler St.
Ft. Myers, FL.
Zip 33901 Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0018277

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRAKE, GIL
4264 FOWLER ST
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name Paul Martin
Street Address (P.O. Box Number is Not Acceptable) 5260 S Landings Dr. 1307
City Ft. Myers FL Zip 33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Martin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, PAUL	
STREET ADDRESS	5260 S. LANDINGS DR. #707	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, BERYL G., III	
STREET ADDRESS	2255 CRYSTAL DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Paul Martin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Martin	
STREET ADDRESS	5260 S Landings Dr. 1307	
CITY-ST-ZIP	Ft. Myers, FL. 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

Date

Daytime Phone #