

# 2002 UNIFORM BUSINESS REPORT (UBR)

0457430 AV

DOCUMENT # **P00000015735**

1. Entity Name  
**DREHSEN PROFESSIONAL SERVICE CORPORATION**

FILED

02 MAY -2 PM 3:10  
4-26-01 9029  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
013 150:00

Principal Place of Business  
**2325 ULMERTON ROAD  
SUITE 27  
CLEARWATER FL 33762  
US**

Mailing Address  
**2325 ULMERTON ROAD  
SUITE 27  
CLEARWATER FL 33762  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0993327**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**STRAPP, ELIZABETH  
259 6TH AVE NORTH  
TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent  
Name **Elizabeth Strapp**  
Street Address (P.O. Box Number is Not Acceptable)  
**2325 Ulmerton Road, Ste 27**  
City **Clearwater** FL Zip Code **33762**

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 *Elizabeth Strapp* DATE 4/30/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST DREHSEN, CHRISTIAN 1639 FORUM PLACE WEST PALM BEACH FL</b> <input type="checkbox"/> Delete <i>2325 Ulmerton Road Suite 27 Clearwater, FL 33762</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Elizabeth Strapp 2325 Ulmerton Road Clearwater, FL 33762</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an office like empowered.

SIGNATURE: *Elizabeth Strapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/02 Daytime Phone # (727) 592-0991

CR2E034 (9/01)