2002 UNIFO	NIN DUSII	1699 VELCU	יטן יי	on,						ě
DOCUMENT # P0000015735 1. Entity Name						FILED				
DREHSEN PROFESSIONAL SERVICE CORPORATION						, 02 MAY -2 1	PM 3: 10		•	
Principal Place of Business 2325 ULMERTON ROAD SUITE 27 CLEARWATER FL 33762 US		Mailing Address 2325 ULMERTON ROAD SUITE 27 CLEARWATER FL 33762 US			H-26-01 9029 SECRETARY OF STATE TALL HASSEE. 1F5 700.00					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI	4. FEI Number 65-0993327			plied For t Applicable	}
Zip Co	ountry	Zip	Country		5. Cer	tificate of Status Desired		75 Add Required		
6. Name and	Address of Current Re	gistered Agent			7. Nan	ne and Address of New Re	gistered Ageı	nt]
STRAPP, ELIZABETH 259 6TH AVE NORTH				Name Elizabeth Straff Street Address (P.O. Box Number is Not Acceptable) 2325 Umerton Road, Ste27						
TIERRA VERDE FL 33715		2325			verton Road				-	
			City	Clear	wat	er	FL	Zip Code	1602	1
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 Flori Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							30/02 DATE			
9. This corporation is eligible to Tax filing requirement and e (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 Sta				10. Election Campaign Fina Trust Fund Contribution	· —		0 May Be to Fees		
11.	OFFICERS AND DI	RECTORS	12.			TIONS/CHANGES TO OFFIC	CERS AND DIF	RECTORS	S IN 11	_ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST DREHSEN, CH 1639 FORUM 1 WEST PALM-B	PLACE 2325, U	Inerton Road 27 - Fix 33762	TITLE NAME STREET ADDRI CITY-ST-ZIP	eli20	etav Libeth i Swin Liva	Strappe erfolikad ter, FL 33762	✓	Change	☐ Addition	225034 10/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clear	, □ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS				Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI	ESS	-		-	Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			Ω	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS				Change	☐ 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 all office like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TIFLED OR PRINTED NAME OF SIGNATURE OF										