FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 003 ***150.00

DOCUMENT # P00000028118

1. Entity Name
DREW OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

B0062098

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
770 S. PALM AVE.	770 S. PALM AVE
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34236 Country	Zip 34236 Country

4. FEI Number 65-0999520 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROBIN K. KNUTH

Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD.

City SARASOTA FL Zip Code 34236

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 D NAME MCENTEE, WILLIAM J. STREET ADDRESS 770 S. PALM AVE. #203 CITY-ST-ZIP SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME MCENTEE, DIANNE S. STREET ADDRESS 770 S. PALM AVE #203 CITY-ST-ZIP SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME LUDY, RACHEL E. STREET ADDRESS 770 S. PALM AVE #203 CITY-ST-ZIP SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME MCENTEE, EMILY M. STREET ADDRESS 770 S. PALM AVE #203 CITY-ST-ZIP SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: [signature] 3/26/02 941-363-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #