

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90124 039 ***150.00

DOCUMENT # P00000028118

1. Entity Name
DREW OF SARASOTA, INC.



Principal Place of Business
**770 S PALM AVENUE
#203
SARASOTA FL 34236**

Mailing Address
**770 S PALM AVENUE
#203
SARASOTA FL 34236**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
404 CERROMAR CIRCLE NORTH

3. Mailing Address
2050 PROCTOR ROAD

Suite, Apt., etc.
#311

Suite, Apt., etc.
SUITE A

City & State
VENICE, FLORIDA

City & State
SARASOTA, FLORIDA

4. FEI Number
65-0999520

Applied For
☐ Not Applicable

Zip
34293

Country
USA

Zip
34231

Country
USA

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

6. Name and Address of Current Registered Agent

**KNUTH, ROBIN K
1858 RINGLING BLVD
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **MIKES, JERRY WILLIAM JERRY**
Street Address (P.O. Box Number is Not Acceptable)
**2050 PROCTOR ROAD
SUITE A**
City **SARASOTA** FL Zip Code **34231**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/8/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, WILLIAM J 770 S PALM AVENUE #203 SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, DIANNE D 770 S PALM AVENUE #203 SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDY, RACHEL E 770 S PALM AVENUE #203 SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, EMILY M 770 S PALM AVENUE #203 SARASOTA FL 34236	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, WILLIAM J 404 CERROMAR CIRCLE NORTH, #311 VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENTEE, DIANNE D. 404 CERROMAR CIRCLE NORTH, #311 VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDY, RACHEL E. 404 CERROMAR CIRCLE NORTH, #311 VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, EMILY M. 404 CERROMAR CIRCLE NORTH, #311 VENICE, FL 34293	<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

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

04/08/03
Date

941-408-9335
Daytime Phone #

CR2E034 (10/02)