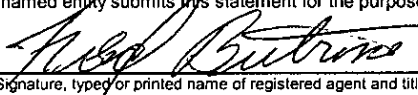
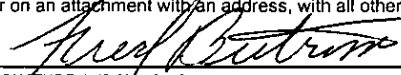


2002  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90433 035 \*\*\*150.00

<b>DOCUMENT # P00000030089</b>			
1. Entity Name FRED'S DRIFT INN, INC. ✓			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 1907 N. 66TH AVENUE		3. Mailing Address 1907 N. 66TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33024		Zip 33024	
Country BROWARD		Country BROWARD	
4. FEI Number 65-0993700		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name FREDERICK BUTRIM			
Street Address (P.O. Box Number is Not Acceptable) 1907 N. 66TH AVENUE			
City HOLLYWOOD FL Zip Code 33024			
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  FREDERICK BUTRIM 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. <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PRESIDENT FREDERICK BUTRIM 1907 N. 66TH AVENUE HOLLYWOOD, FL 33024			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  FREDERICK BUTRIM		954-989-9129	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)