

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 09, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000038135**1. Entity Name
DRE-MARII, INC.**Principal Place of Business**C/O PATEL & O'CONNOR, P.A.
2240 BELLEAIR RD., STE. 160
CLEARWATER
33764

FL

Mailing AddressC/O PATEL & O'CONNOR, P.A.
2240 BELLEAIR RD., STE. 160
CLEARWATER
33764

FL

2. Principal Place of Business

C/O PATEL & O

3. Mailing Address

C/O PATEL & O

Suite, Apt. #, etc.

2240 BELLEAIR RD., STE. 160

Suite, Apt. #, etc.

2240 BELLEAIR RD., STE. 160

City & State

CLEARWATER

FL

City & State

CLEARWATER

FL

Zip

33764

Country

Zip

33764

Country

4. FEI Number**59-3639441**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentO'CONNOR PATRICK MESQ
2240 BELLEAIR RD., STE. 160CLEARWATER
33764

FL

7. Name and Address of New Registered Agent

Name

O PATRICK MESQ

Street Address (P.O. Box Number is Not Acceptable)
2240 BELLEAIR RD., STE. 160City
CLEARWATER

FL

Zip Code
33764

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 **PATRICK M. O'CONNOR****07/09/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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 D ☐ Delete
NAME JOHNSON NICOLE D
STREET ADDRESS 3344 37TH WAY S., STE. B
CITY-ST-ZIP ST. PETERSBURG FL 33711TITLE D ☐ Delete
NAME JOHNSON TIMOTHY A
STREET ADDRESS 3344 37TH WAY S., STE. B
CITY-ST-ZIP ST. PETERSBURG FL 33711TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME JOHNSON NICOLE D
STREET ADDRESS 3675 29TH AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711TITLE D ☒ Change ☐ Addition
NAME JOHNSON TIMOTHY A
STREET ADDRESS 3675 29TH AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Timothy A. Johnson**

D

07/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)