

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90036 028 \*\*\*150.00

DOCUMENT # P00000039348

1. Entity Name

DRAINFIELD DOCTOR, INC.

Principal Place of Business

6955 HANGING MOSS RD..STE.104  
ORLANDO FL 32807

Mailing Address

6955 HANGING MOSS RD..STE.104  
ORLANDO FL 32807

\* NEW ADDRESS

2. Principal Place of Business

9319 B E COLONIAL DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75-Additional  
Fee Required

6. Name and Address of Current Registered Agent

WASSERMAN, DAVID A ESQ.  
228 PARK AVE.,N.,STE.B  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

MARIANNE CERVASIO

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

8732 TALL PINE LANE

City

ORLANDO,

FL

Zip Code

32825

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

Marianne Cervasio

MARIANNE CERVASIO

4/5/01

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	FERMIN RENTERIA	
STREET ADDRESS	3804 N. JOHN YOUNG PKWAY #6	
CITY-ST-ZIP	ORLANDO, FLORIDA 32804	
TITLE	VICE PRESIDENT/OPERATIONS	<input type="checkbox"/> Delete
NAME	FRANK CERVASIO	
STREET ADDRESS	8732 TALL PINE LANE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32825	
TITLE	VICE PRESIDENT/SERVICE	<input type="checkbox"/> Delete
NAME	Kenneth Chilemy	
STREET ADDRESS	8732 TALL PINE LN.	
CITY-ST-ZIP	ORLANDO, FLORIDA 32825	
TITLE	TREASURER/SECRETARY	<input type="checkbox"/> Delete
NAME	MARIANNE CERVASIO	
STREET ADDRESS	8732 TALL PINE LANE	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

Daytime Phone #

(407) 415-0268

CR2E034 (10/00)

0066158