

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0103722 AV

**DOCUMENT # P00000039348**

**1. Entity Name**  
**DRAINFIELD DOCTOR, INC.**

04-11-2002 90084 005 \*\*\*150.00

**Principal Place of Business**

**9319 E COLONIAL DR**  
**ORLANDO FL 32817**

**Mailing Address**

**9319 E COLONIAL DR**  
**ORLANDO FL 32817**



**2. Principal Place of Business**

**9319 E. Colonial DR**

Suite, Apt. #, etc.

**3. Mailing Address**

**9319 E. Colonial DR**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**ORLANDO, FL**

**City & State**

**ORLANDO, FL**

**4. FEI Number**

**59-3652599**

**Applied For**

**Not Applicable**

**Zip**

**32817**

**Country**

**ORANGE**

**Zip**

**32817**

**Country**

**ORANGE**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CERVASIO, MARIANNE**  
**8732 TALL PINE LANE**  
**ORLANDO FL 32825**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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** **P** ☒ Delete  
**NAME** **RENTERIA, FERMIN**  
**STREET ADDRESS** **3804 N JOHN YOUNG PKWAY #6**  
**CITY-ST-ZIP** **ORLANDO FL 32804**

**TITLE** **VPO** ☐ Delete  
**NAME** **CERVASIO, FRANK**  
**STREET ADDRESS** **8732 TALL PINE LANE**  
**CITY-ST-ZIP** **ORLANDO FL 32825**

**TITLE** **VPS** ☐ Delete  
**NAME** **CHILLEN, KENNETH**  
**STREET ADDRESS** **8732 TALL PINE LN**  
**CITY-ST-ZIP** **ORLANDO FL 32825**

**TITLE** **TS** ☐ Delete  
**NAME** **CERVASIO, MARIANNE**  
**STREET ADDRESS** **8732 TALL PINE LANE**  
**CITY-ST-ZIP** **ORLANDO FL 32825**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **Pres.** ☒ Change ☐ Addition  
**NAME** **CERVASIO, MARIANNE**  
**STREET ADDRESS** **8732 TALL PINE LANE**  
**CITY-ST-ZIP** **ORLANDO, FL 32825**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK CERVASIO**

**4/1/02**

**(407) 658-8822**

Date

Daytime Phone #

CR2E034 (9/01)