

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90127 039 ***158.75

DOCUMENT # P00000061383

1. Entity Name
DRADOOW INC.

Principal Place of Business

444 SEABREEZE BOULEVARD #720
DAYTONA BEACH FL 32118

Mailing Address

444 SEABREEZE BOULEVARD #720
DAYTONA BEACH FL 32118

00052912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 SEABREEZE BLVD.
 Suite/Apt. #, etc.
#600

3. Mailing Address

1311 WOODWARD AVE
 Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State
HOLLY HILL, FL

4. FEI Number

59-3658785

Applied For

Not Applicable

Zip

32118

Country

FLORIDA

Zip

32117

Country

FLORIDA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CALDWELL, SARA
444 SEABREEZE BOULEVARD #720
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name
PATRICIA S. JENKINS

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

1311 WOODWARD AVENUE

City

HOLLY HILL,

FL

Zip Code

32117

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 **PATRICIA S. JENKINS**
 Signature, typed or printed name of registered agent and title if applicable.

4/27/01

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 **JENKINS, PAT**
 STREET ADDRESS **C/O 444 SEABREEZE BLVD. #720**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **JENKINS, PATRICIA**
 STREET ADDRESS **1311 WOODWARD AVE**
 CITY-ST-ZIP **HOLLY HILL, FL 32117**

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

TITLE ☐ Change ☐ Addition
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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: **PATRICIA S. JENKINS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

(386) 238 7400
 Daytime Phone #

CR2E034 (10/00)