

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076276

1. Entity Name

DRAWBRIDGE MARINE INC.

Principal Place of Business

Mailing Address

592 BIRCH COURT
SEBASTIAN FL 32948

592 BIRCH COURT
SEBASTIAN FL 32948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3668254

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHILBERG, BARBARA
1917 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

JOHN W. DRAWE

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

592 BIRCH COURT

City

SEBASTIAN

FL

Zip Code

32958

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

John W. Drawe

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

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	DRAWE, JOHN W	
STREET ADDRESS	2204 LAKE HAVEN CT.	
CITY-ST-ZIP	LIZELLA GA 31052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRAWE, JOHN W	
STREET ADDRESS	2204 LAKE HAVEN CT.	
CITY-ST-ZIP	LIZELLA GA 31052	
TITLE	Sec. / Treas.	<input type="checkbox"/> Delete
NAME	JOHN W. DRAWE	
STREET ADDRESS	592 BIRCH COURT	
CITY-ST-ZIP	SEBASTIAN, FL. 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
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

John W. Drawe **JOHN W. DRAWE**

4-28-01

561-388-2832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)

FILED
May 30, 2001 8:00 am
Secretary of State

05-02-2001 90078 046 ***150.00

00022600



DO NOT WRITE IN THIS SPACE