

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90003 029 ***550.00

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DOCUMENT # P00000087367

1. Entity Name
DRAIN FIX OF AMERICA, INC.

Principal Place of Business Mailing Address
RT. 2, BOX 730 **P.O. BOX 371**
LAKE BUTLER FL 32054 **WORTHINGTON SPRINGS FL 32697**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 542**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Earleton Florida

Zip Country Zip Country
32631 **Alachua**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **N/A - Same**

MILLER, WILLIAM C
601 E UNIVERSITY AVE, STE B
GAINESVILLE FL 32601

Name: **William C. Miller**
 Street Address (P.O. Box Number is Not Acceptable): **64 SW 6th Ave**
 City: **Waldo** FL Zip Code: **32694**

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: *W.C. Miller* DATE: **4-30-2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, WILLIAM C 601 E UNIVERSITY AVE, STE B GAINESVILLE FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, William C. 64 SW 6th Ave P.O. Box 542 Earleton, FL 32631 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, DAVID C RT. 2, BOX 730 LAKE BUTLER FL 32054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W.C. Miller* DATE: **4-30-2001** DAYTIME PHONE: **904-496-8124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)