

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91567 035 ***150.00

CR2E034 AV

DOCUMENT # P01000007736
 1. Entity Name
DREW TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
310 SOUTH OCEAN BOULEVARD **310 SOUTH OCEAN BOULEVARD**
SUITE 305 **SUITE 305**
BOCA RATON FL 33432 **BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
150 Las Brisas Circle **150 Las Brisas Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hypoluxo, FL **Hypoluxo, FL**
 Zip Zip Country Country
33462 **33462** **USA** **USA**

4. FEI Number Applied For
65-1073795 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MEYERS, LYNN D
310 SOUTH OCEAN BOULEVARD
SUITE 305
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name: **Lynn G. Drew-Sugerman**
 Street Address (P.O. Box Number is Not Acceptable)
150 Las Brisas Circle
 City: **Hypoluxo** **FL** Zip Code: **33462**

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: **Lynn G. Drew-Sugerman, President** **Lynn G. Drew-Sugerman** **4-16-02**
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	D <input type="checkbox"/> Delete
NAME	MYERS, LYNN D
STREET ADDRESS	310 SOUTH OCEAN BOULEVARD SUITE 305
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn G. Drew-Sugerman
STREET ADDRESS	150 Las Brisas Circle
CITY-ST-ZIP	Hypoluxo, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Lynn G. Drew-Sugerman REQUIRED Lynn G. Drew-Sugerman 4-16-02 561-582-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)