

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State
 09-09-2002 90010 047 ***550.00

DOCUMENT # P01000118411

1. Entity Name
DRAINS & THINGS, INC.

Principal Place of Business

**502 FAHNSTOCK STREET
 EUSTIS FL 32726**

Mailing Address

**502 FAHNSTOCK STREET
 EUSTIS FL 32726**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15519 U.S. Hwy 441

3. Mailing Address

P.O. Box 43

Suite, Apt. #, etc.

303 - C

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

4. FEI Number

59-2992614

Applied For

Not Applicable

Zip

32726

Country

USA

Zip

32727-0043

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RUSSELL, LUTHER J

502 FAHNSTOCK STREET

EUSTIS FL 32726

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **RUSSELL, LUTHER J**
 STREET ADDRESS **502 FAHNSTOCK STREET**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☐ Delete
 NAME **RUSSELL, FLOSSIE M**
 STREET ADDRESS **502 FAHNSTOCK STREET**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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

Date

Daytime Phone #

CR2E034 (4/02)