

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90913 050 ***158.75

DOCUMENT # P02000033182

1. Entity Name
DRURY BROTHERS, INC.



Principal Place of Business
**15811 BERE DRIVE
ODESSA FL 33556**

Mailing Address
**15811 BERE DRIVE
ODESSA FL 33556**



2. Principal Place of Business
3937 Upolo Lane

3. Mailing Address
3937 Upolo Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Naples FL

City & State
Naples FL

4. FEI Number
04-3616680

Applied For
☐ Not Applicable

Zip
34119

Country
USA

Zip
34119

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRURY, TOD A
15811 BERE DRIVE
ODESSA FL 33556**

Name **Tod Drury**
Street Address (P.O. Box Number is Not Acceptable)
3937 Upolo Lane
City **Naples** **FL** **34119**

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

3-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DRURY, TOD A**
STREET ADDRESS **15811 BERE DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

☒ Change ☐ Addition
NAME **3937 Upolo Lane**
STREET ADDRESS **Naples, FL 34119**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DRURY, THOMAS A**
STREET ADDRESS **15811 BERE DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

☒ Change ☐ Addition
NAME **1850 Kalorama Rd NW #A**
STREET ADDRESS **Washington, DC 20009**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

3-25-03 **239-263-3500**
Date Daytime Phone #

044654 AV

CR2E034 (10/02)