

2001 (See attached cover)
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90165 044 ***150.00

DOCUMENT # P95000046253

1. Entity Name

T. DREW ENTERPRISES, INC.

Principal Place of Business

~~615 PURCELL DRIVE
 JACKSONVILLE FL 32221
 US~~

Mailing Address

~~7979 E LAKE DRIVE #38
 BOCA RATON FL 33433-2162~~

80051206

2. Principal Place of Business

943 CRESSWELL LN W.

Suite, Apt. #, etc.

3. Mailing Address

943 CRESSWELL LN WEST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

65-0673310

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KINLAW, STEPHEN T
 7979 E LAKE DRIVE #38
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

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

943 CRESSWELL LN W.

City

JACKSONVILLE

FL

Zip Code

32221

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 **STEPHEN T. KINLAW PRESIDENT**

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-01

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
 APR/MAY 2000 Fee will be \$50.00
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KINLAW, STEPHEN T	7979 E LAKE DRIVE #38	BOCA RATON FL 33433	<input type="checkbox"/>
S	KINLAW, BRENDA J	7979 E LAKE DRIVE #38	BOCA RATON FL 33433	<input type="checkbox"/>
T	SCOTT, KINLAW R	615 PURCELL DRIVE	JACKSONVILLE FL 32221	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		943 CRESSWELL LN. W.	JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		943 CRESSWELL LN. W.	JACKSONVILLE, FL. 32221	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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; that I am at least 18 years of age; that I am a resident of this state; and that my name appears in Block 11 or Block 12 if changed, or on an attachment.

SIGNATURE:

STEPHEN T. KINLAW **4/9/01** **(904) 378-0711**
 PRESIDENT

SIGNATURE AND TITLE OF SIGNING OFFICER DATE DAYTIME PHONE #

CRP/MSA (6/00)