

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051525

1. Entity Name

DRECAA CONSTRUCTION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90072 005 ***150.00

Principal Place of Business

332 WENTWORTH COURT
NAPLES FL 34104
US

Mailing Address

5117 CASTELLO DR.
STE 1
NAPLES FL 34133-0279
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

Bonita Springs, FL

34133

4. FEI Number

59-3427383

Applied For

Not Applicable

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

AMBURN, JAMES W
5117 CASTELLO
SUITE 1
NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd

Suite 200

City

Bonita Springs

FL

Zip

34135

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DRESCHER, WILHELM	
STREET ADDRESS	332 WENTOWRTH COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESCHER, WILHELM	
STREET ADDRESS	332 WENTWORTH CT.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAAMANO DAVID	
STREET ADDRESS	332 WENTWORTH CT.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-00

Date

941-992-3355

Daytime Phone #

CR2E034 (9/99)