

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025659

1. Entity Name
DEW DROP ENTERPRISES, INC.

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90026 024 ***150.00

Principal Place of Business Mailing Address
~~789 TAMAMI TRAIL~~ 18149 O'Hara Dr ~~789 TAMAMI TRAIL~~ 18149 O'Hara Dr
PORT CHARLOTTE FL ~~33950~~ 33948 PORT CHARLOTTE FL ~~33950~~ 33948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0648068		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOHNSON, CARL J JR 789 TAMAMI TRAIL PORT CHARLOTTE FL 33953				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 _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CARL J JR			NAME			
STREET ADDRESS	18149 O'HARA DR			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DEBRA A			NAME			
STREET ADDRESS	18149 O'HARA DR			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Carl J. Johnson Jr 8/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
R# P9600005659

8-6-02

To whom it Concerns:

Some how, some way, I am not receiving my first notice (mailing) concerning my uniform Business Report. As you can see from the copy enclosed, I had the same problem last year. Can you look into this and let me know what can be done to correct this situation as it is an inconvenience for me to write this letter and I certainly do not want to be penalized for a late payment. I can be reached during the day at (941) 625-0773 or (941) 624-0902 after 6pm and on the week-end. Enclosed please find check # in the amount of \$150.00 for my 2002 uniform Business Report filing.

Very Truly Yours,
Cuff

Attachment
#P9600025659
7/21/01

To whom it concerns:

I did not receive my
first notice (mailing) concerning
my 2001 Uniform Business report.
Therefore, enclosed please find
check # in the amount of
\$150.00 for this report.

Very Truly Yours,

Cully High
(941) 624-0902
