

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025659

1. Entity Name
DEW DROP ENTERPRISES, INC.



03 APR 22 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18149 OHORA DR
PORT CHARLOTTE FL 33948

Mailing Address
18149 OHORA DR
PORT CHARLOTTE FL 33948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04/09/03 90093 040 \$150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0848068

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

JOHNSON, CARL J JR
789 TAMiami TRAIL
PORT CHARLOTTE FL 33953

Name

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

18149 O'HARA DRIVE

City

PORT CHARLOTTE

FL

Zip Code

33948

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, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	JOHNSON, CARL J JR	
STREET ADDRESS	18149 O'HARA DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, DEBRA A	
STREET ADDRESS	18149 O'HARA DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03 (941) 625-0773
Date Daytime Phone #

CR2E034 (10/02)