

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069354

1. Entity Name

DREW DIVERSIFIED INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90218 008 ***150.00

Principal Place of Business

Mailing Address

4491 ANGLERS AVE
 DANIA FL 33312
 US

10400 SW 49 MANOR
 COOPER CITY FL 33328-3319
 US

2. Principal Place of Business

3. Mailing Address

1309 SW 21ST TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE FL

Zip

Country

Zip

Country

33312

US

4. FEI Number

65-0702685

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

DREW, ANNE F
 10400 SW 49 MANOR
 COOPER CITY FL 33328

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.

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 PD ☐ Delete
 NAME DREW, KIRK
 STREET ADDRESS 10400 SW 49 MANOR
 CITY-ST-ZIP COOPER CITY FL

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

TITLE VD ☐ Delete
 NAME DREW, A F
 STREET ADDRESS 10400 SW 49 MANOR
 CITY-ST-ZIP COOPER CITY FL 33327

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

9543161933

Daytime Phone #

CR2E034 (9/99)