

FILED  
Apr 28, 2002 8:00 am  
Secretary of State

04-28-2002 90650 001 \*\*\*\*\*8.75  
04-28-2002 90650 002 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000092715 ✓  
1. Entity Name  
DRAPINGTON CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7923 NW 7th CT.  
Suite, Apt. #, etc.

3. Mailing Address  
8973 NW 6th CT.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PLANTATION, FL  
Zip 33324 Country USA

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PLANTATION, FL  
Zip 33324 Country USA

4. FEI Number 05-0721386  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name KERR, SOPHIA  
Street Address (P.O. Box Number is Not Acceptable)  
8973 NW 6th COURT  
City PLANTATION FL Zip 33324

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 Sophia Kerr 4/15/02  
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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PSTD  
KERR, SOPHIA  
8973 NW 6th COURT PLANTATION, FL 33324

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIA KERR S. Kerr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 954-916-9551  
Date Daytime Phone #

CR2E034B (12/01)