

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011667

1. Entity Name
DREW ENTERPRISES, INC.

FILED

02 SEP -3 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6801 WALLACE DR - CORP 6815 WALLACE DR. 6801 WALLACE DR - CORP 6815 WALLACE DR.
PACE FL 32571 PACE FL 32571

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 59-3424399

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, JIMMY D

6801 WALLACE DR CORRECTION: 6815 WALLACE DR.
PACE FL 32571

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

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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete
NAME DREW, JIMMY D
STREET ADDRESS 6801 WALLACE DR
CITY-ST-ZIP PACE FL 32571

TITLE PC ☒ Change ☐ Addition
NAME DREW, JIMMY D.
STREET ADDRESS 6815 WALLACE DR.
CITY-ST-ZIP PACE, FL 32571

TITLE VD ☐ Delete
NAME DREW, MARY A
STREET ADDRESS 6801 WALLACE DR
CITY-ST-ZIP PACE FL 32571

TITLE VD ☒ Change ☐ Addition
NAME DREW, MARY A.
STREET ADDRESS 6815 WALLACE DR.
CITY-ST-ZIP PACE, FL 32571

TITLE D ☐ Delete
NAME HUDNALL, SELENA A
STREET ADDRESS 7519 SOUTHPONTE PL.
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Change ☐ Addition
NAME 400008017834-2
STREET ADDRESS -09/25/02--01051--027
CITY-ST-ZIP *****150.00 *****150.00

TITLE TS ☐ Delete
NAME BRADLEY, MARJORIE
STREET ADDRESS 2299 SCENIC HWY UNIT R5
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: MARJORIE T. BRADLEY 8/24/02 (850) 623-4509
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

2052

DREW ENTERPRISES, INC. ||

6815 WALLACE DRIVE

PACE, FLORIDA 32571

PHONE/FAX: (850) 994-5638

August 22, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Request for waiver of late filing fee
Doc # P97000011667
FEI #59-3424399
Jimmy D. Drew, Agent

Dear Sir:

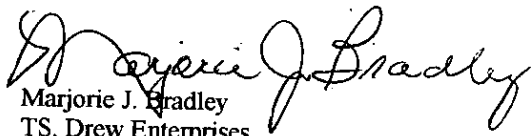
I am requesting a waiver of the \$400.00 late filing fee. The UBR was mailed to an old address, 6801 Wallace Drive, Pace, FL. The new address is 6815 Wallace Drive, Pace, FL.

I did not receive the original UBR. The second UBR was received in July. At this time I was on vacation and have just now returned. I talked to Jeff at (850) 245-6059 this morning regarding the possibility of a waiver.

Per Jeff's instructions, I am enclosing the UBR, this letter requesting the waiver, and my check in the amount of \$150.00. It is my understanding that if the waiver is approved, I will have no further correspondence from you. If the waiver is not approved, I will be billed for the \$400.00 difference.

The address correction is noted on the enclosed UBR form.

Thank you for considering my request.


Marjorie J. Bradley
TS, Drew Enterprises
Office Manager, Berryhill Child Care