

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90612 033 ***150.00

0562228 AV

DOCUMENT # P97000064762

1. Entity Name
A-DRAIN SERVICE, INC.

Principal Place of Business

Mailing Address

**3397 S.W. POTTS
PORT ST LUCIE FL 34953**

**3397 SW POTTS ST
PORT ST LUCIE FL 34953**

2. Principal Place of Business

3. Mailing Address

2210 SE GRAND DR

2210 SE GRAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT ST LUCIE, FL

PORT ST LUCIE, FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0779328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip **34952**

Country **ST. LUCIE**

Zip **34952**

Country **ST. LUCIE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BILLINGTON, MARLENE ALLEN
3397 SW POTTS ST
PORT SAINT LUCIE FL 34953**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)
2210 SE GRAND DR

City **PORT ST LUCIE**

FL

Zip Code **34952**

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

Marlene Allen Billington

3-21-02

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. ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	ALLEN-BILLINGTON, MARLENE	
STREET ADDRESS	3397 SW POTTS ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marlene Allen Billington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02

Date

Daytime Phone #

772-878-7477

CR2E034 (9/01)