

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049600

1. Entity Name

DRINKARD & COMPANY, INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90008 047 ***150.00

Principal Place of Business

17006 PAULA LANE
LUTZ FL 33549

Mailing Address

17006 PAULA LANE
LUTZ FL 33549

80067804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4615 North A Street

3. Mailing Address

4615 North A Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa Florida

4. FEI Number

59-3514723

Applied For

Not Applicable

Zip

Country

33609

U.S.

Zip

Country

33609

USA

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

DRINKARD, JOHN
17006 PAULA LANE
LUTZ FL 33549

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 ☐ Delete
NAME DRINKARD, JOHN
STREET ADDRESS 17006 PAULA LANE
CITY-ST-ZIP LUTZ FL 33549

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JOHN C. DRINKARD

7/11/00 (813) 289-6636

CR2E034 (5/00)

PT8000049600

AC067804
7-11-00

To whom this concerns,

We just received this bill
a couple of days ago. We don't
believe we ever received a price
bill. I hope ^{this} will be sufficient.
Thank you.

Sincerely,

Jacqui Drinkard
Drinkard & Co.