

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 AUG 11 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000027293

1. Entity Name
DREW RESOURCES, INC.

Principal Place of Business
**175 WEST CAMINO REAL
BOCA RATON FL 33432**

Mailing Address
**175 WEST CAMINO REAL
BOCA RATON FL 33432**

2. Principal Place of Business
606 21 AVE SOUTH
Suite, Apt. #, etc.

3. Mailing Address
568 9TH ST. SOUTH
Suite, Apt. #, etc.
SUITE 251

City & State
NAPLES, FL

City & State
NAPLES, FL.

4. FEI Number
65-0908780

Applied For
☒ Not Applicable

Zip
34102

Country
USA

Zip
34102

Country
USA

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

6. Name and Address of Current Registered Agent

**PLATTER, WILLIAM L
175 WEST CAMINO REAL
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL DE MAIO 606 21 AVE SOUTH NAPLES, FL. 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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: **Michael De Maio**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

89.00 **941-434-7146**
Date Daytime Phone #

CR2E034 (5/00)

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DREW RESOURCES
568 9TH Street South
Suite 251
Naples, Florida 34102-6620
(941) 434-7146
(941) 434-2631 Fax

Document # P99000027293

8.9.00

DEAR MICHAEL

~~PURSUANT TO OUR CONVERSATION TODAY~~
REGARDING MY NON-RECEIPT OF REJECTION
LETTER FOR NOT COMPLETING MY BUSINESS
REPORT IN FEBRUARY 2000, PLEASE FIND
ENCLOSED THE COMPLETED FORM I RECEIVED
RECENTLY. ALSO, PLEASE NOTE THAT MY
PAYMENT OF \$150.00 FILING FEE WAS RECEIVED
BY YOU IN FEBRUARY.

IN ADDITION, PLEASE SEE ^{PHONE #} ADDRESS
CHANGE NOTED ON BUSINESS REPORT.

Thank You.

Michael DeMaio

MICHAEL DE MAIO