## 2000 UNIFORM BUSINESS REPORT, (UBR)

5/16/00-90136-002-\$150.00-\$150.00

DOCUMENT # **P99000057725** 1. Entity Name DREW NET INC.

Principal Place of Business

Mailing Address

2301 DALE MABRY HIGHWAY NORTH TAMPA FL 33607

2301 DALF MARRY HIGHWAY NORTH

TAMPA FL 33607-2548

2. Principal Place of Business

FILED

00 JUN -8 PM 3:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



. .

DATE.

Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 59-358487	74 Applied For Not Applicate		
Zip	Country	Zip	Country		5. Certificate of Status Desired	n \$	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PENA, MARI 2301 DALE I	K E MABRY_HIGHWAYNOR	TH		Name Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 3				City		FL	Zip Code	
The above named	entity submits this statement	for the purpose of changing	its register	ed office or registe	ered agent, or both, in the State of Florid	a.		

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Carlose cure	ia dil back) - 1	Make Check Payable	to Department of Stat			
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDO, JOSEPH E 950 CHATHAM WAY PALM HARBOR FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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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:

TOSEPH 8 AND THE RENTED NAME OF SIGNING OFFICER OR DIRECTOR



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State.

May 23, 2000

TAMPA, FL 33607

TAMPA, FL 33607

TAMPA, FL 33607

TAMPA, FL 33607

Subject: **DREW NET INC.** 

Reference Number: **P99000057725** 

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has **not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SH ANNUAL REPORTS SECTION