

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90251 017 ***150.00

DOCUMENT # P99000074768

1. Entity Name

DRAWTECH, INC.

Principal Place of Business

Mailing Address

**471 LILAC ROAD
 CASSELBERRY FL 32707**

**471 LILAC ROAD
 CASSELBERRY FL 32707**

2. Principal Place of Business

1174 Moccasin Creek Rd

3. Mailing Address

1174 Moccasin Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Murphy NC

City & State

Murphy NC

Zip

28906

Country

USA

Zip

28906

Country

USA

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-instating)

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 \$150.00
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LYONS, TIMOTHY P	
STREET ADDRESS	471 LILAC ROAD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LASTINGER, STEPHEN J	
STREET ADDRESS	471 LILAC ROAD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	<input type="checkbox"/> Delete
NAME	LASTINGER, JACKIE L	
STREET ADDRESS	471 LILAC ROAD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYONS, NANCIE E	
STREET ADDRESS	471 LILAC ROAD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1170 Moccasin Creek Rd	
STREET ADDRESS	Murphy NC 28906	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1170 Moccasin Creek Rd	
STREET ADDRESS	Murphy NC 28906	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)