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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 30, 2001 8:00 am Secretary of State **DOCUMENT # 329099** 05-02-2001 90122 014 ***150.00 FT. DRUM ESTATES, INC. Principal Place of Business Mailing Address 31270 N.E. 16TH WAY 417 NORWOOD RD OKEECHOBEE FL 34972 SILVER SPRINGS MD 20905 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1635499 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NINE. ROBERT F Street Address (P.O. Box Number is Not Acceptable) 31270 N.E. 16TH WAY **OKEECHOBEE FL 34972** 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: Reg stered Agent signature required when reinstating) Signature, typed or printed name of registered egent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition TITLE ☐ Change ☐ Delete TITLE NINE, ROBERT F NAME NAME STREET ADDRESS STREET ADDRESS 31270 N.E. 16TH WAY CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Change ☐ Addition <u>vs</u> MLE Delete NINE, HELEN L VAME MAME STREET ADDRESS STREET ADDRESS 31270 N.E. 18TH WAY CITY-ST-ZIP OKEECHOBEE FL 34972 PITY-ST-7IP -- Change Addition TILE TITLE Delete VAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MILE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIF ☐ Change ☐ Addition Delete TITLE TILE NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TILE NAME LAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.