

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 009 ****50.00

DOCUMENT # L00000014805

1. Entity Name

DRUMBEAT VENTURES, LLC

Principal Place of Business

1520 SAWGRASS VILLAGE DR.
 SUITE 206
 PONTE VERDA BCH. FL 32082

Mailing Address

2030 SOUTH 3RD STREET, STE # 118
 JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2585677**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, P. CAMPBELL ESQUIRE
6 EAST BAY STREET STE #550
JACKSONVILLE FL 32202

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
MALONE, TOMMY ☐ Delete
7 ARBOR CLUB DRIVE #318
PONTE VEDRA BEACH FL 32082

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
Malone, Tommy ☒ Change ☐ Addition
2030 S 3RD ST. #118
Jax Beach, FL 32250

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
HENSHAW, EDWARD ☐ Delete
11453 DUSTIN COURT
JACKSONVILLE FL 32250

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
HENSHAW, EDWARD ☒ Change ☐ Addition
11250 Old St Augustine Rd. #164
Jacksonville, FL 32257

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/13/02 (404) 241-1900

CR2E083 (9/01)