

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026134

1. Entity Name

DRUMMER CORP.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90007 008 ***550.00

A0072575



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1901 W OAK HILL Knoll
 FT LAUDERDALE FL 33324
 US

Mailing Address

1901 W OAK HILL Knoll
 FT LAUDERDALE FL 33324
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0569546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

STAMES, PETER B

8606 BRIDLE PATH CT.

DAVE FL 33328

1901 W. Oak Knoll

Fort Lauderdale, FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SHAPIRO, JORDAN L
 CITY-ST-ZIP 1901 W OAK W HILL Knoll
 FT. LAUDERDALE FL 33318- 33324

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1901 W. Oak Knoll
 CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE ☐ Delete
 NAME T
 STREET ADDRESS O'CONNER, STEPHEN J
 CITY-ST-ZIP 300 FIRST AVE
 NEEDHAM MA 02494

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

STEPHEN J O'CONNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-00
 Date

(781) 449-6500
 Daytime Phone #

CR2E034 (5/00)