

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042660

1. Entity Name

DRUMMONDS & SON, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90126 048 ***150.00

Principal Place of Business

Mailing Address

7388 KNOXVILLE DR
WEBSTER FL 33597

P O BOX 556
LACOOCHEE FL 33537-0556

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Hernando

Zip

Country

Pasco

4. FEI Number

59-3379641

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

DRUMMONDS, SUE
7388 KNOXVILLE DR
WEBSTER FL 33597

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

Sue Drummonds

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DRUMMONDS, THOMAS JR
STREET ADDRESS 7388 KNOXVILLE DR
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE S ☒ Delete
NAME DRUMMONDS, EDNA SUE
STREET ADDRESS 7388 KNOXVILLE DR
CITY-ST-ZIP WEBSTER FL 33597

TITLE ☒ Change ☐ Addition
NAME *Drummonds, Thomas Jr.*
STREET ADDRESS *7388 Knoxville Drive*
CITY-ST-ZIP *Webster, FL 33597*

TITLE VP ☐ Delete
NAME DRUMMONDS, THOMAS EDDIE
STREET ADDRESS 7388 KNOXVILLE DR.
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Thomas Drummonds Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas Drummonds Jr.

Feb 08, 2000 352-584-4395
Date Daytime Phone #

CR2E034 (9/99)