

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 008 ***150.00

DOCUMENT #

P96000042660

1. Entity Name

DRUMMONDS AND SON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7388 KNOXVILLE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEBSTER FLORIDA

City & State

4. FEI Number

59-3379641

Applied For

Not Applicable

Zip

33597

Country

HERNANDO

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUE DRUMMONDS

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

7388 KNOXVILLE DRIVE

City

WEBSTER

FL

Zip Code

33597

**DO NOT WRITE
IN THIS SPACE**

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 (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Drummonds Thomas JR
7388 Knoxville DR
Webster, FL 33597

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Drummonds Thomas E
34009 Woodland Circle
Ridge Manor, FL 33523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/T
Drummonds Sue
7388 Knoxville DR.
Webster, FL 33597

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sue Drummonds

SUE DRUMMONDS
Secretary

04/03/02

352
583-4395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E0348 (12/01)