

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

07-26-2001 90009 042 ***150.00
 09-06-2001 90051 003 ***400.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000014652

1. Entity Name

DRUMMOND ELECTRICAL, INC.

Principal Place of Business

4620 LIME ST.
 COCOA FL 32926

Mailing Address

4620 LIME ST.
 COCOA FL 32926

2. Principal Place of Business

4370 Seville Ave
 Suite, Apt. #, etc.

3. Mailing Address

4370 Seville Ave
 Suite, Apt. #, etc.

City & State
 Cocoa FL

City & State
 Cocoa FL

Country
 USA

Country
 USA

4. FEI Number 59-3463898

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

EVENBACH, KURT
 400 JULIA ST.
 TITUSVILLE FL 32796

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

Melissa Drummond

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 5, 2001

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, 2001 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	<input type="checkbox"/> Delete
NAME	DRUMMOND, ALAN W	
STREET ADDRESS	4620 LIME ST.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRUMMOND, MELISSA A	
STREET ADDRESS	4620 LIME ST.	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	T	<input type="checkbox"/> Delete
NAME	DRUMMOND, LARRY M	
STREET ADDRESS	6100 WILDERNESS DRIVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan W Drummond	
STREET ADDRESS	4370 Seville Ave	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa A Drummond	
STREET ADDRESS	4370 Seville Ave	
CITY-ST-ZIP	Cocoa FL 32926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Melissa Drummond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 (321) 601903

Date

DS, Line Phone

CR2E034 (10/00)