

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90215 050 ***150.00

DOCUMENT # P97000100894

1. Entity Name

DRAMMOND INDUSTRIES, INC.

Principal Place of Business

Mailing Address

5100 S. CLEVELAND AVENUE
SUITE 318-354
FORT MYERS FL 33907
US5100 S. CLEVELAND AVENUE
SUITE 318-354
FORT MYERS FL 33907-2189
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3500229

Applied For

Not Applicable

Zip

Country

Zip

Country

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**ST. JOHN, ALEXA
5100 S. CLEVELAND AVE
STE 318-354
FORT MYERS FL 33907

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

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 State10. 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 PD ☐ Delete
NAME ST. JOHN, GREGOR R
STREET ADDRESS 9310 SEDGEFIELD ROAD
CITY-ST-ZIP FT. MYERS FL 33917TITLE ☒ Change ☐ Addition
NAME St. John, Gregor R.
STREET ADDRESS 5100 S. Cleveland Ave Ste 318-354
CITY-ST-ZIP Ft. Myers, FL 33907TITLE VSTD ☐ Delete
NAME ST. JOHN, ALEXA
STREET ADDRESS 9310 SEDGEFIELD ROAD
CITY-ST-ZIP FT. MYERS FL 33917TITLE ☒ Change ☐ Addition
NAME 5100 S. Cleveland Ave Ste 318-354
STREET ADDRESS
CITY-ST-ZIP Ft. Myers, FL 33907TITLE D ☐ Delete
NAME ST. JOHN, FRANZ J
STREET ADDRESS 9310 SEDGEFIELD ROAD
CITY-ST-ZIP FT. MYERS FL 33917TITLE ☒ Change ☐ Addition
NAME 5100 S. Cleveland Ave Ste 318-354
STREET ADDRESS
CITY-ST-ZIP Ft. Myers, FL 33907TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #