

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084480

1. Entity Name

DRUMATT, INC.

f

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90003 011 ***150.00

Principal Place of Business

6947 SOUTHPORT DRIVE
BOYNTON BEACH FL 33437

Mailing Address

6947 SOUTHPORT DRIVE
BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

16284 Via Venetia West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach FL

Zip

Country

Zip

Country

33484

FL

4. FEI Number

65-0869671

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

BROTMAN, SUSAN J PA.
2424 N. FEDERAL HIGHWAY
#314
BOCA RATON FL 33431

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	D RENNA, JOSEPH M JR. 6947 SOUTHPORT DRIVE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Joseph M Renna Jr</i> <i>16284 Via Venetia West</i> <i>Delray Beach FL 33484</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-2000
561-391-1555

CR2E034 (5/00)

attachment P480000084480

07.20.00

D0076166

To whom it may concern, As per my telephone conversation I never received the "Uniform Business Report 2000," due to a change of address.

My new address is as follows.

Drumatt, Inc.
16284 Via Venetia ^{West} ~~Way~~
Delray Beach, FL 33484

Enclosed is my filling fee of \$150-

Thank You,

Jack M. M.