

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084480

1. Entity Name

DRUMATT, INC.

Principal Place of Business

6947 SOUTHPORT DRIVE
BOYNTON BEACH FL 33437

Mailing Address

16284 VIA VENETIA WAY
DELRAY BEACH FL 33484

2. Principal Place of Business

16284 VIA VENETIA WEST
Suite, Apt. #, etc.

3. Mailing Address

16284 VIA VENETIA WEST
Suite, Apt. #, etc.

City & State

DELRAY Bch, FL

City & State

DELRAY BEACH, FL

Zip

33484

Country

Zip

33484

Country

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

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

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS RENNA, JOSEPH M JR.
CITY-ST-ZIP 6947 SOUTHPORT DRIVE
BOYNTON BEACH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16284 VIA VENETIA WEST
CITY-ST-ZIP DELRAY BEACH, FL 33484

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M Renna

Date

Daytime Phone #

1-22-2001

561-893-9222

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90145 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)