

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91333 016 \*\*\*150.00

**DOCUMENT # P98000094747**

1. Entity Name

**DRUM CORPS MINIATURES, INC.**

Principal Place of Business

**326 W SUNSET AVE  
 PENSACOLA FL 32507**

Mailing Address

**P O BOX 13421  
 PENSACOLA FL 32501**

00003785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8215 LOPE STAR AVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

City & State

4. FEI Number **59-3544312**

Applied For

Not Applicable

Zip

Country

**32514**

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

**CHRISTENOT, FORREST B  
 326 W SUNSET AVE  
 PENSACOLA FL 32507**

Name **CHRISTENOT FORREST B**

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

**8215 LOPE STAR AVE**

City **PENSACOLA**

**FL**

Zip Code **32514**

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

**5/1/01**

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 **PST** ☐ Delete  
 NAME **CHRISTENUT, FORREST B**  
 STREET ADDRESS **326 W. SUNSET AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition  
 NAME **CORRECTION:**  
 STREET ADDRESS **LAST NAME: CHRISTENOT**  
 CITY-ST-ZIP **PST**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **ADDRESS:**  
 STREET ADDRESS **8215 LOPE STAR AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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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:

**FORREST B. CHRISTENOT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/1/01 850 474-3793**

CR2E034 (10/00)