

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005902

1. Entity Name

DRUMSUPPLY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90176 005 ***150.00

Principal Place of Business

Mailing Address

305 SUNNY LANE
BELLEAIR FL 33756

305 SUNNY LANE
BELLEAIR FL 33756-1063

2. Principal Place of Business

1974 CARROLL STREET

3. Mailing Address

1974 CARROLL STREET

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33765

Country

USA

Zip

33765

Country

USA

4. FEI Number

59-3555268

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

SUNNE, KENNETH A
1151 NE CLEVELAND ST.
CLEARWATER FL 33755

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 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
NAME STREITMATTER, JAMES F
STREET ADDRESS 305 SUNNY LANE
CITY-ST-ZIP BELLEAIR FL 33756 ☐ Delete

TITLE P
NAME STREITMATTER, JAMES F
STREET ADDRESS 305 SUNNY LANE
CITY-ST-ZIP BELLEAIR FL 33756 ☒ Change ☐ Addition

TITLE S
NAME INGRAFFIA, GARY M
STREET ADDRESS 8529 BRASTON DR.
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE S/T
NAME INGRAFFIA, GARY M
STREET ADDRESS 305 EASTLEIGH DR
CITY-ST-ZIP BELLEAIR FL 33756 ☒ Change ☐ Addition

TITLE T
NAME KRAMER, THOMAS W
STREET ADDRESS 11737 ACE WAY, #3
CITY-ST-ZIP ST. PETERSBURG FL 33716 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: GARY INGRAFFIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000 727-467-0428
Date Daytime Phone #

CR2E034 (9/99)