

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90069 012 ***150.00

DOCUMENT # 268830

1. Entity Name

DRUM SERVICE CO. OF FLORIDA

Principal Place of Business

Mailing Address

6191 JONES AVENUE.
 P.O. BOX 278
 ZELLWOOD FL 32798

6191 JONES AVENUE.
 P.O. BOX 278
 ZELLWOOD FLA 32798-0278

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1008750

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

MURPHY, J M
6191 JONES AVENUE.
ZELLWOOD FL 32798

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	VP & Director
NAME	MURPHY, JM	NAME	Elliot Pearlman
STREET ADDRESS	6191 JONES AVE	STREET ADDRESS	6191 Jones Avenue
CITY-ST-ZIP	ZELLWOOD FL	CITY-ST-ZIP	Zellwood, FL
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	TITLE	Secretary
NAME	HANSEN, GAYLE	NAME	Gayle Hansen-Dalicanthro
STREET ADDRESS	6191 JONES AVENUE	STREET ADDRESS	6191 Jones Avenue
CITY-ST-ZIP	ZELLWOOD FL	CITY-ST-ZIP	Zellwood, FL
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	TITLE	Treasurer
NAME	MURPHY, H A	NAME	Gerald P. Butler, Jr.
STREET ADDRESS	6191 JONES AVE	STREET ADDRESS	6191 Jones Avenue
CITY-ST-ZIP	ZELLWOOD FL	CITY-ST-ZIP	Zellwood, FL
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	
NAME	BUTLER, GERALD P JR	NAME	
STREET ADDRESS	6191 JONES AVE	STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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

3/16/00
 Date

Daytime Phone #

CR2E034 (9/99)