

2001 UNIFORM BUSINESS REPORT (UBR)

3/
*

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-01-2001 90475 001 ****61.25
03-01-2001 90475 002 ****8.75

DOCUMENT # N00000000665

1. Entity Name

FL-2 DMAT, INC.

Principal Place of Business

1153 SE 32 TERRACE
CAPE CORAL FL 33904

Mailing Address

1153 SE 32 TERRACE
CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-067 4242

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

Name

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

City

FL

Zip Code

LINBERGH, GARY
2128 SW 11 COURT
CAPE CORAL FL 33991

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

Gary R. Lindbergh Unit Commander

01/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	ADMINISTRATOR	☐ Delete
NAME	CONNIE BOWLES	
STREET ADDRESS	1153 SE 32nd Ter	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	DEPT. U.C.	☐ Delete
NAME	Bill Bishop	
STREET ADDRESS	411 SE 11th place	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	Lindbergh, Gary	☐ Delete
NAME	2128 SW 11th CT	
STREET ADDRESS	CAPE CORAL, FL 33991	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Bowles 02/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)