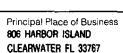
FILED

04-28-2003 91428 026 ***150.00

DOCUMENT #

P99000003005

1. Entity Name DPOM, INC.



Mailing Address 806 HARBOR ISLAND CLEARWATER FL 33767

2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	_		

CLEARWATER FL 33767		CLEARWATER FL 33767			1 (82((88) 18 (81(\$ (8() 86))) 88)))		#### #################################		
2. Principal P	Place of Business	3. Mailing Address				T SØBISMUT I IM SØDSØ SØTET MÆDDE WRIST MÆDES	MAIN MAINA 1151	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. FEI	Number 59-3549663	-	Appliec For Not Applicable	
Zip	Country	Zip	Coun	try	5. Cer	tificate of Status Desired	\$8.7 Fee Re	5 Additional equired	
. ~ .	6.~ Name and Address of Current	Registered Agent		T =4	- 7: Nan	ne and Address of New Registe	ered Agent		
				Name					
RESIDENT AGENT CORP. OF PINELLAS COUNTY 980 TYRONE BLVD			Street Address (P.O. Box Number is Not Acceptable)						
SAINT PETERSBURG FL 33710									
•				City			FL Zip	Code	
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent	,		ed office or regis			I am familiar	with, and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 t Payable to Florida Department of		NOTE. Negletele	O Agent anginature requ	aned when remains	Election Campaign Financing Trust Fund Contribution.	g :	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	TIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDDY, DENNIS G 806 HARBOR ISLAND CLEARWATER FL 33767	☐ Delete		1			☐ Ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHER, MICHELE L 806 HARBOR ISLAND CLEARWATER FL 33767	☐ Delete					☐ Ch	ange	
TITLE NAME STREET ADDRESS	_മാക്കുന്ന കഴി രംഗ €. നി	Delete		ET ADDRESS	o saoya ≖.	- بال سنت ماهموادن تشومهودين سند -	☐ Ch	ange Addition	

Afte Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDDY, DENNIS G 806 HARBOR ISLAND CLEARWATER FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHER, MICHELE L 806 HARBOR ISLAND CLEARWATER FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ஆட்சரு இரி கடி 100 ° டன்ப	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-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

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 certification or the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

CR2E034 (10/02)