2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002088

1. Entity Name

DMD VENTURES, LTD.

FILED

00 MAR -8 PM 3:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
10407 CENTURION PARKWAY NORTH. SUITE 101 JACKSONVILLE FL 32256	10407 CENTURION PARKWAY NORTH. SUITE 101 JACKSONVILLE FL 32256-0570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9700 Philips Highway	9700 Philips Highway
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: # 101
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32256 Country: USA	Zip: 32256 Country: USA

4. FEI Number 59-3398948 ☐ 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
KESLER, MORTON A 10407 CENTURION PARKWAY NORTH, SUITE 101 JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable): 9700 Philips Highway # 101 City: Jacksonville **FL** Zip Code: 32256

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$600.00	600	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000097862	STREET ADDRESS	9700 Philips Hwy #101
NAME	~~KESLER, PASS & ASSOCIATES, INC.~~	CITY-ST-ZIP	Jax FL 32256
STREET ADDRESS	10407 CENTURION PARKWAY NORTH, SUITE 101		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
DOCUMENT #	Name change	STREET ADDRESS	
NAME	Advm, of Jax, Inc.	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000003178420--0
NAME		CITY-ST-ZIP	-03/21/00--01100--021
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE OF GENERAL PARTNER 3/1/00 904 996 7082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Mark Pass