

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90007 026 ***150.00

DOCUMENT # **F47660**

1. Entity Name
D & M USED CARS, INC.

Principal Place of Business P.O. BOX 3811 PANAMA CITY FL 32401 US	Mailing Address P.O. BOX 3811 PANAMA CITY FL 32401-0811 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2608071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MELBA D
227 N LAKEWOOD DRIVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MELBA	
STREET ADDRESS	227 N LAKEWOOD DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	STOKES, LAURA D	
STREET ADDRESS	1304 EVERGREEN COURT	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MELBA O.	
STREET ADDRESS	227 N. LAKEWOOD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melba D. Davis	
STREET ADDRESS	227 N. Lakewood Drive	
CITY-ST-ZIP	PANAMA CITY, FL 32409	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel W. Davis II	
STREET ADDRESS	PO Box 3472 (Hwy 22)	
CITY-ST-ZIP	Panama City FL 32401	
TITLE	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura D. Stokes	
STREET ADDRESS	1304 Evergreen Ct.	
CITY-ST-ZIP	Panama City FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Melba D. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00 (850) 763-8757
 Date Daytime Phone #

CR2E034 (9/99)