

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F68178

1. Entity Name

D.M. & SONS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90329 036 ***150.00

Principal Place of Business

Mailing Address

% WALTER DON MERRITT
5490 W HOMOSASS TRAIL
LECANTO FL 34461
US

% WALTER DON MERRITT
~~4640 N WILLIAMS AVENUE~~
CRYSTAL RIVER FL ~~34428-0432~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2283382

Applied For

Not Applicable

Zip

Country

Zip

Country

34423-0309

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

MERRITT, WALTER DON
~~4640 N WILLIAMS AVENUE~~ 7260 W. OTTER ST.
CRYSTAL RIVER FL ~~32829-3447~~ HOMOSASSA, FL 34446

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

TITLE STD ☐ Delete
NAME MERRITT, BARBARA ANN
STREET ADDRESS ~~4640 N WILLIAMS AVENUE~~ 7260 W. OTTER ST.
CITY-ST-ZIP CRYSTAL RIVER FL ~~34428-0432~~ HOMOSASSA FL 34446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MERRITT, WALTER DON
STREET ADDRESS ~~4640 N WILLIAMS AVENUE~~ 7260 W. OTTER ST.
CITY-ST-ZIP CRYSTAL RIVER FL ~~34428-0432~~ HOMOSASSA FL 34446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MERRITT, WALTER K
STREET ADDRESS ~~6710 W. RAINHILL CT~~ 6492 W. AVOCODA ST.
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME MERRITT, DONALD K
STREET ADDRESS ~~4640 N WILLIAMS AVE~~ 1929 S. MELANIE DR.
CITY-ST-ZIP CRYSTAL RIVER FL ~~34428-0432~~ HOMOSASSA, FL 34448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Barbara A. Merritt Barbara A. Merritt 5/1/00 (352) 628-6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)