FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90342 036 ***150.00

DOCUMENT # ~~F96000000236~~

1. Entity Name
D&M NEWMAN ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
360 WATSON ST. W.	360 WATSON ST. W.
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 105
City & State: WHITBY, ONTARIO	City & State: WHITBY, ONTARIO
Zip: L1N 9G2 Country: CANADA	Zip: L1N 9G2 Country: CANADA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 98-0134512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GRIMES, MICHELE B.

Street Address (P.O. Box Number is Not Acceptable): 200 S. ORANGE AVE.

City: SARASOTA FL Zip: 34236

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) X

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DP
NAME	NEWMAN, DESMOND G.
STREET ADDRESS	360 WATSON ST. W., SUITE 105
CITY-ST-ZIP	WHITBY, ONTARIO, CANADA, L1N 9G2

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X D.G. Newman President 11 April 02 905-666-3400 X306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D.G. Newman

CR2E034B (12/01)