

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414383 AV

DOCUMENT # F97000006432

1. Entity Name
DHARMA HOLDINGS LIMITED COMPANY



FILED

03 APR 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14 S. SWINTON AVE.
DELRAY BEACH FL 33444

Mailing Address
14 S. SWINTON AVE.
DELRAY BEACH FL 33444



2. Principal Place of Business
255 NE 6TH AVE
Suite, Apt. #, etc.

3. Mailing Address
255 NE 6TH AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL
Zip
33483
Country
USA

City & State
DELRAY BEACH, FL
Zip
33483
Country
USA

4. FEI Number 65-0797181
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITHER, ROBERT M JR.
14 S. SWINTON AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE
City
DELRAY BEACH FL Zip Code
33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William R. Wintzer WILLIAM R. WINTZER A/T 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD SMITHER, ROBERT M JR. 14 S. SWINTON AVE. DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINTZER, WILLIAM R 14 S. SWINTON AVE. DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORRELL, THOMAS E. JR. 14 S. SWINTON AVE. DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORRELL, ODETTE A. 14 S. SWINTON AVE. DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOODYEAR, KIM 125 LA POSTA TAOS NM 87577	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500016086995 04/15/03--01098--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/T WINTZER, WILLIAM R. 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WORRELL, THOMAS E., JR 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WORRELL, ODETTE A. 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODYEAR, KIMBERLY A. 125 LA POSTA ROAD TAOS, NM 87571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAN MARTIN, MARTA 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE: William R. Wintzer WILLIAM R. WINTZER A/T 4/14/03 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)