

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004308

1. Entity Name

DMI SERVICES, INC.

Principal Place of Business

160 TECHNOLOGY PARKWAY  
NORCROSS GA 30092

Mailing Address

160 TECHNOLOGY PARKWAY  
NORCROSS GA 30092-2911

2. Principal Place of Business

350 RESEARCH CT

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

350 RESEARCH CT

Suite, Apt. #, etc.

Suite

City & State

NORCROSS GA

City & State

NORCROSS GA

Zip

30092

Country

USA

Zip

30092

Country

USA

4. FEI Number

58-2123663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALONO, STEVEN M  
CARLTON, FIELDS, WARD, EMMANUEL  
215 S. MONROE STREET, SUITE 500  
TALLAHASSEE FL 32302

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

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

TITLE	C	<input type="checkbox"/> Delete
NAME	CUSTARD, A. RICHARD	350 RESEARCH CT
STREET ADDRESS	4875 AVALON RIDGE PARKWAY	STE 200
CITY-ST-ZIP	NORCROSS GA 30071	30092
TITLE	DST	<input type="checkbox"/> Delete
NAME	HAIGH, E. NIMOCKS	350 RESEARCH CT
STREET ADDRESS	160 TECHNOLOGY PARKWAY	STE 200
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	P	<input type="checkbox"/> Delete
NAME	NIMOCKSHAIGH, E.	350 RESEARCH CT
STREET ADDRESS	160 TECHNOLOGY PARKWAY	STE 200
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, WILLIAM B	350 RESEARCH CT
STREET ADDRESS	160 TECHNOLOGY PKWY	STE 200
CITY-ST-ZIP	NORCROSS GA 30092	
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM B ALLEN

Date

4-14-00 770-729-8101

Daytime Phone #

CR2E034 (9/99)