

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90311 024 ***150.00

DOCUMENT # F98000006751

1. Entity Name

DMC II INCORPORATED

Principal Place of Business

600 N. CONGRESS AVE
 SUITE 300-A
 DELRAY BEACH, FL 33445
 USA

Mailing Address

100 VIA LUGANO CIR
 APT. 109
 BOYNTON BEACH FL 33426
 USA

2. Principal Place of Business

3. Mailing Address

308 SCARBROUGH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

Zip

Country

Zip

Country

33436

USA

4. FEI Number

65-0873546

Applied For

Not Applicable

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

CUMMINGS JR, DAVID E
 100 VIA LUGANO CIR.
 #109
 BOYNTON BEACH, FL 33426

Name

LWR FINANCIAL SERVICES

Street Address (P.O. Box Number is Not Acceptable)

7326 LAKE WORTH ROAD

City

LAKE WORTH

FL

Zip Code

33467

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

L. W. Ratfield

LOUIS W. RATFIELD

4.27.00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	CUMMINGS JR, DAVID E	100 VIA LUGANO CIR #109	BOYNTON BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
T	RATFIELD, LOUIS R	7326 LAKE WORTH ROAD	LAKE WORTH FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

David E Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.00

Date

361-646-8888

Daytime Phone #