

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90148 024 ***150.00

DOCUMENT # H92842

1. Entity Name

DLB MANAGEMENT/MARKETING CONSULTING, INC.

Principal Place of Business

Mailing Address

**13014 N. DALE MABRY
 SUITE 115
 TAMPA FL 33618**

**13014 N. DALE MABRY
 SUITE 115
 TAMPA FL 33618-2808**

2. Principal Place of Business

3. Mailing Address

~~10312 Rosemount~~
 Suite, Apt. #, etc.

~~10312 Rosemount~~
 Suite, Apt. #, etc.

City & State

City & State

~~Tampa, FL~~

~~Tampa, FL~~

Zip

Country

Zip

Country

~~33624~~

~~33624~~

4. FEI Number

59-2635776

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

**BARTLOW, DANIEL
 13014 N. DALE MABRY #115
 TAMPA FL 33618**

Name

Daniel Bartlow

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

10312 Rosemount

City

Tampa,

FL

Zip Code

33624

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 Daniel Bartlow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-00

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	<input type="checkbox"/> Delete
PVS	BARTLOW, DANIEL	13014 N. DALE MABRY #115	TAMPA, FL 33618 33618	<input type="checkbox"/>
T	BARTLOW, DANIEL	13014 N. DALE MABRY #115	TAMPA, FL 33618 33618	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PVS	Daniel Bartlow	10312 Rosemount	Tampa, FL 33624	<input type="checkbox"/>	<input type="checkbox"/>
T	Daniel Bartlow	10312 Rosemount	Tampa, FL 33624	<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 empowers.

SIGNATURE:

Daniel Bartlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 813-2645005

Date

Daytime Phone #

CR2E034 (9/99)