2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Daniel Bartlow-

FILED DOCUMENT # H92842 May 08, 2000 8:00 am 1. Entity Name Secretary of State DLB MANAGEMENT/MARKETING CONSULTING, INC. 05-08-2000 90148 024 ***150.00 Mailing Address Principal Place of Business 13014 N. DALE MABRY 13014 N. DALE MABRY **SUITE 115** SUITE 115 TAMPA FL 33618-2808 **TAMPA FL 33618** 3. Mailing Address 2. Principal Place of Business LU312 Rosemount Suite, Apt. #, etc. 10312 Rosemount DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2635776 Not Applicable Tampa, Tampa, Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33624 33624 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Daniel Bartlow Street Address (P.O. Box Number is Not Acceptable) BARTLOW, DANIEL 13014 N. DALE MABRY #115 10312 Rosemount **TAMPA FL 33618** Zip Code 33624 Tampa, ng its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the p <u>Bartlow</u> (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ■ Addition **PVS** ☐ Delete TITLE TITLE PVS BARTLOW, DANIEL NAME NAME Daniel Bartlow STREET ADDRESS STREET ADDRESS 13014 N. DALE MABRY #115 10312 Rosemount CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33618 33618 Tampa, FL 33624 ☐ Change ■ Addition ☐ Delete TITLE TITLE BARTLOW, DANIEL NAME Daniel Bartlow STREET ADDRESS 13014 N. DALE MABRY #115 STREET ADDRESS 10312 Rosemount CITY-ST-ZIP CITY-ST-78 TAMPA, FL 33618 33618 Tampa, FL 33624 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CitY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an address, with all other like e

813-2645005

<u>President</u>