

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36873

1. Entity Name

D.M.G. INVESTMENTS, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90025 013 ***150.00

Principal Place of Business

Mailing Address

9171 RIDGE PINE TRAIL
ORLANDO FL 32819
US

9171 RIDGE PINE TRAIL
ORLANDO FL 32819-4821
US

2. Principal Place of Business

7475 W. IRLO BRANSON

Suite, Apt. #, etc.

3. Mailing Address

2261 E. IRLO BRANSON

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3094236

Applied For

Not Applicable

Zip

34746

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

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

CROWELL, PATRICK C.
320 NORTH MAGNOLIA AVE
STE B9
ORLANDO FL 32801

Name Russell W. Divine

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

24 South Orange Avenue

City Orlando

FL

Zip Code

32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS KASSAM, NASEEM
CITY-ST-ZIP 9171 RIDGE PINE TRAIL
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9045 EASTERLING DRIVE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

407-846-2221

Daytime Phone #

CR2E034 (9/99)