

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90072 037 \*\*\*158.75

**DOCUMENT # L74389**

1. Entity Name

D.M. HOME CONSULTANTS, INC.

Principal Place of Business

799 MONTCLAIR RD  
 PALM BAY FL 32905  
 US

Mailing Address

799 MONTCLAIR RD  
 PALM BAY FL 32905  
 US

2. Principal Place of Business

799 Montclair Rd  
 Suite, Apt. #, etc.  
 Palm Bay  
 City & State  
 Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

32905 Brevard

4. FEI Number

59-3074203

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MENZIES, DOREEN  
 799 MONTCLAIR RD  
 PALM BAY FL 32905

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

*Doreen Menzies*

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, 2002 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          | P                  | <input type="checkbox"/> Delete |
| NAME           | MENZIES, DOREEN    |                                 |
| STREET ADDRESS | 799 MONTCLAIR RD   |                                 |
| CITY-ST-ZIP    | PALM BAY FL        |                                 |
| TITLE          | S                  | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, S.       |                                 |
| STREET ADDRESS | 230 CASCO ST.      |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32987  |                                 |
| TITLE          | V                  | <input type="checkbox"/> Delete |
| NAME           | SINGH, MALCOM      |                                 |
| STREET ADDRESS | 799 MONTCLAIR ROAD |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32905  |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| 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 |   |
| 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 |   |
| 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:

*Doreen Menzies*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2002 321-724-800

Date

Daytime Phone #

CR2E034 (9/01)