

FILED

Apr 23, 2003 8:00 am
Secretary of State

04-11-2003 90187 021 ***163.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

55029444



2. Principal Place of Business

799 Montclair Rd
Palm Bay
City & State
Florida

3. Mailing Address

799 Montclair Rd
Palm Bay
City & State
Florida☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3074203

Applied For
Not Applicable5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Doreen Menzies

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.☒ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P P.D	NO Delete
NAME	MENZIES, DOREEN	
STREET ADDRESS	799 MONTCLAIR RD	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S S.D	NO Delete
NAME	WILLIAMS, S.	
STREET ADDRESS	230 CASCO ST.	
CITY-ST-ZIP	PALM BAY FL 32987	
TITLE	V V.D	NO Delete
NAME	SINGH, MALCOM	
STREET ADDRESS	799 MONTCLAIR ROAD	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Doreen Menzies	☒ Change ☐ Addition
NAME	MENZIES, DOREEN	
STREET ADDRESS	799 MONTCLAIR RD	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	S D	☐ Change ☐ Addition
NAME	WILLIAMS, S.	
STREET ADDRESS	230 CASCO ST	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	V D D	☒ Change ☐ Addition
NAME	MALCOM SINGH	
STREET ADDRESS	1685 NORWOOD	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4/21/2003

Date

Daytime Phone #

CFR2034 (10/02)