## FILED 2003 NOT-FOR-PROFIT CORPORATION Feb 13, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # N93000003752 02-13-2003 90208 015 \*\*\*\*61.25 1. Entity Name DMS PANTHER BOOSTERS, INC. Mailing Address Principal Place of Business JUU45U86 420 E GIBSON 420 E GIBSON ARCADIA FL 33821 ARCADIA FL 33821 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0441152 City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BREMER, DAVE 2096 SE HANSEL AVE ARCADIA FL 34266 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME IVERSON, SHEILA NAME STREET ADDRESS 3836 NE MASTERS RD STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP ☐ Addition Change VD Delete TITLE TITLE NAME LeeAnn Messer MORENO, SONJA NAME STREET ADDRESS 1600 SE Mahave Ave 2960 SW LOIS AVENUE STREET ADDRESS -CITY-ST-7IP Arcadia, FL 34266 ARCADIA FL-34268 CITY-ST-ZIP-== ☐ Addition ☐ Change Delete TITLE TITLE NAME GLADFELTER, KATHRINE NAME STREET ADDRESS 3402 SE BROWN RD STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP ☐ Addition Change Change Delete TITLE TITLE Jan Lewis NAME MESSER, LEANNE NAME STREET ADDRESS 3347 NE Appaloosa St. 1600 SE MAHAVE AVE STREET ADDRESS

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 617, 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.

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