

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91556 027 ***150.00

DOCUMENT # P00000033422

1. Entity Name

DGRM, INC.

Principal Place of Business Mailing Address

2511 RIVER BLUFF PARKWAY
 SARASOTA, FL 34232

00055524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2527151

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN M. DeCARLO
 2511 RIVER BLUFF PARKWAY
 SARASOTA, FL 34232

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

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, 2001 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	V/D	<input type="checkbox"/> Delete
NAME	THOMAS MORRISON	
STREET ADDRESS	831 WALLACE DRIVE	
CITY - ST - ZIP	WARMINSTER, PA 18974	
TITLE	S/T/D	<input type="checkbox"/> Delete
NAME	JOHN M. DECARLO	
STREET ADDRESS	150 LAMB TAVERN LN	
CITY - ST - ZIP	GLENMOORE, PA 19343	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	LOUIS DELGROSSO	
STREET ADDRESS	260 TIMBER JUMP LN	
CITY - ST - ZIP	UPPER PROVIDENCE, PA 19063	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAIG R. RICHARDSON	
STREET ADDRESS	PO BOX 250	
CITY - ST - ZIP	ROYAL OAK, MD 21682	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRON S. HARDY	
STREET ADDRESS	12190 WILLOWWIND COURT	
CITY - ST - ZIP	ENDICOTT CITY, MD 21042	
TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #