

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90206 014 ***150.00

DOCUMENT # P00000039572

1. Entity Name
D & M TRANSPORTATION INC.



Principal Place of Business
784 EMERSON DRIVE N E
PALM BAY FL 32907

Mailing Address
784 EMERSON DRIVE N E
PALM BAY FL 32907

2. Principal Place of Business

140 GLADIOLA Rd. NE

3. Mailing Address

140 GLADIOLA Rd NE,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BAY FLA.

City & State
PALM BAY FLA

Zip
32907

Country
USA

Zip
32907

Country
USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number
45-0469115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GROPPER, DAVID
784 EMERSON DRIVE N E
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name
DAVID GROPPER
Street Address (P.O. Box Number is Not Acceptable)
140 GLADIOLA ROAD NE,
CITY
PALM BAY **FL** **Zip Code**
32907

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 *David Gropper*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROPPER, DAVID 784 EMERSON DRIVE N E PALM BAY FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROPPER DAVID 140 GLADIOLA ROAD N.E, PALM BAY FLA 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Gropper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 **321-724-4338**
Date **Daytime Phone #**

CR2E034 (10/02)