

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 21, 2001 8:00 am
Secretary of State

04-12-2001 90062 012 ***150.00

DOCUMENT # P00000062642

1. Entity Name

DLM & ASSOCIATES, INC.

Principal Place of Business

26056 CLARKSTON DRIVE
BONITA SPRINGS FL 34135

Mailing Address

26056 CLARKSTON DRIVE
BONITA SPRINGS FL 34135

2. Principal Place of Business

3780 VIA DEL REY

Suite, Apt. #, etc.

SUITE A

3. Mailing Address

3780 VIA DEL REY

Suite, Apt. #, etc.

SUITE A

City & State

BONITA SPRINGS, FL

Zip

34134

Country

U.S.

City & State

BONITA SPRINGS, FL

Zip

34134

Country

U.S.

4. FEI Number

59-3058161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNNER, S. DRESDEN ESQ.
5801 PELICAN BAY BLVD.
SUITE 300
NAPLES FL 34108-2709

7. Name and Address of New Registered Agent

Name

DAVID A. MEYERS

Street Address (P.O. Box Number is Not Acceptable)

3780 VIA DEL REY, SUITE A

City

BONITA SPRINGS, FL

Zip Code

34134

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

TITLE NAME	<input type="checkbox"/> Delete
Meyers, David A	
STREET ADDRESS	
26056 Clarkston Drive	
CITY-ST-ZIP	
Bonita Springs, FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

DAVID A. MEYERS

Date

Daytime Phone #

CR2E034 (10/00)