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

## FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT # P00000062642  1. Entity Name				05-27-2002 90397 032 ***150.00									
DLM & ASSOCIATES, INC.													
DEM & ASSOCIATES, INC.					669768								
DO NOT WRITE IN THIS SPACE													
							2. Principal Place of Business 3. Mailing Address 8900 BRIGHTON LANE SAME						
Suite, Apt. #, etc. Suite, Apt. #, etc.													
Suite, Apr. #, etc.					DO NOT WRITE IN THIS SPACE								
City & State BONITA SPRINGS FL City		City & State	City & State		4. FEI Number 59-3658161	Applied For Not Applicable							
Zip 34135	Country	Zip	Country		5. Certificate of Status Desired See Required								
234875				7	7. Name and Address of Current Registered Age								
				WIEBEL, HENNELLS & CARUFE, P.A.									
	DO NOT W	(PO Box Number is Not Acceptable) NITA BEACH RD											
INLTUIC CDACE													
AN CASA CHEST AND CONTRACT CON													
BÖNITA SPRINGS FL 34135													
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 Nell da Cake CPA 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.  After May 1, Fee is \$550.00  10. Election Campaign Financing  \$5.00 May Be Added to Fees													
(See criter	ria on back)	Make Check Pay			te .	Added to Fees							
11.	OFFICERS AND DIRECTORS			Committee of Con-	and the second s	ALTERIAL .							
TITLE	MANAGING MEMBER												
NAME	JOSEPH DRAGO 8 8900 BRIGHTON LANE			eaching Subs	A STATE OF THE STATE OF T								
STREET ADDRESS CITY - ST - ZIP	BONITA SPRINGS FL 34135			ET ADDRESS									
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NAME	AMANDA WITTER	enporte receptables.											
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NAME STREET ADDRESS			4.9**	ET ADDRESS									
CITY - ST - ZIP			forg.	-ST-ZP 558	CONTRACTOR OF THE								
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 organ attachment with an address, with all other like empowered.

MANCHILIME **SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #