

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90397 032 ***150.00

DOCUMENT # P00000062642

1. Entity Name

DLM & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8900 BRIGHTON LANE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS FL

City & State

4. FEI Number
59-3658161

Applied For
Not Applicable

Zip
34135

Country

Zip

Country

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
WIEBEL, HENNELLS & CARUFE, P.A.

Street Address (P.O. Box Number is Not Acceptable)
9240 BONITA BEACH RD

#3305

City
BONITA SPRINGS FL Zip Code
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 *Nelida Cruz* CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/29/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
JOSEPH DRAGO
8900 BRIGHTON LANE
BONITA SPRINGS FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
AMANDA WITTER
8900 BRIGHTON LANE
BONITA SPRINGS FL 34135

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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 on an attachment with an address, with all other like empowered.

SIGNATURE *AMANDA WITTER* AMANDA WITTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/29/02

Daytime Phone #
941.949.5913