

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000068063

FILED
Jan 23, 2002 8:00 AM
Secretary of State

Entity Name: DMST INCORPORATED

Current Principal Place of Business:

10719 SPRING BUCK TRAIL
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

10719 SPRING BUCK TRAIL
ORLANDO, FL 32825

New Mailing Address:

P.O. BOX 2968
ORLANDO, FL 32802

FEI Number: 59-3667529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOOMAW, DREW M
10719 SPRING BUCK TRAIL
ORLANDO, FL 32825

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOOMAW, DREW M
Address: 10719 SPRING BUCK TRAIL
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: LETALON, SHARON B
Address: 233 BURNSED PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: MOOMAW, ANGELA H
Address: 10719 SPRING BUCK TRAIL
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Delete
Name: DOTSON, CHRISTIANE
Address: 917 NORTH LAKE CLAIRE
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: MIKE, MUHAMED
Address: 1223 43RD STREET
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDM (X) Change () Addition
Name: MOOMAW, DREW M
Address: 10719 SPRING BUCK TRAIL
City-St-Zip: ORLANDO, FL 32825

Title: PTS (X) Change () Addition
Name: LETALON, SHARON B
Address: 233 BURNSED PLACE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON B. LETALON

PTS

01/23/2002

Electronic Signature of Signing Officer or Director

Date