

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90090 021 ***150.00

DOCUMENT # P00000086548

1. Entity Name
 DM 100, INC.

Principal Place of Business 2000 NORTH FLORIDA MANGO ROAD SUITE 200 WEST PALM BEACH FL 33409	Mailing Address 2000 NORTH FLORIDA MANGO ROAD SUITE 200 WEST PALM BEACH FL 33409
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2. Principal Place of Business 3540 Forest Hill Blvd Suite, Apt. #, etc. #203	3. Mailing Address 3540 Forest Hill Blvd Suite, Apt. #, etc. #203
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City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33406	Zip 33406
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 GIORDANO, JOHN N ESQ.
 220 SOUTH FRANKLIN STREET
 TAMPA FL 33602

7. Name and Address of New Registered Agent
 Deborah A. Dentry
 Street Address (P.O. Box Number is Not Acceptable)
 3540 Forest Hill Blvd.
 #203
 City West Palm Beach Zip Code 33406

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 Deborah A. Dentry DATE 4/25/01
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when resigning.)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Deborah A. Dentry Deborah Dentry DATE 4/25/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when resigning.)

CR2E034 (10/00)