FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90062 011 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100359

1. Entity Name
DML ASSOCIATES OF PALM BEACH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2877 BIARRITZ DR	2877 BIARRITZ DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: PALM BEACH GARDENS, FL	City & State: PALM BEACH GARDENS, FL	4. FEI Number: 65-1053457 ☐ Applied For ☐ Not Applicable
Zip: 33410 Country: USA	Zip: 33410 Country: USA	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: LAW OFFICES of TIMOTHY K. ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 675 W. INDIANTOWN Rd
SUITE 103
City: JUPITER FL Zip Code: 33458

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DIRECTOR
NAME	LINDSTROM, DAVID L.
STREET ADDRESS	2877 BIARRITZ DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DIRECTOR
NAME	LINDSTROM, MARTHA M.
STREET ADDRESS	2877 BIARRITZ DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: _____ 4/24/02 561-625-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PLEASE NOTE: I did not receive the 2002 FORM IN THE MAIL. I'm ASSUMING that the DOCUMENT # IS THE SAME AS LAST YEAR