

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90103 008 \*\*\*150.00

0136725 AV

**DOCUMENT # P00000116414**

1. Entity Name  
**DMAC CONSULTING, INC.**



Principal Place of Business  
**1805 E. SANDPOINTE PLACE  
VERO BEACH FL 32963**

Mailing Address  
**1805 E. SANDPOINTE PLACE  
VERO BEACH FL 32963**



2. Principal Place of Business

3. Mailing Address

**70 Beachside Dr  
Suite, Apt. #, etc.  
#103**

**70 Beachside Dr  
Suite, Apt. #, etc.  
#103**

City & State  
**Vero Beach**

City & State  
**Vero Beach Florida**

Zip  
**32963**

Country  
**Indian River**

Zip  
**32963**

Country  
**Indian River**

4. FEI Number  
**65-1064484**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLACKWICH, ALAN S SR  
CLEM, POLACKWICH, VOCELLE & BERG, L.L.P.  
3333 20TH ST.  
VERO BEACH FL 32960**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete  
NAME **MCGOFFIN, DEBORAH J**  
STREET ADDRESS **1805 E. SANDPOINTE PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☒ Change ☐ Addition  
NAME **70 Beachside Dr #103**  
STREET ADDRESS **Vero Beach, Fla - 32963**  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **MCGOFFIN, ROBERT L**  
STREET ADDRESS **1805 E. SANDPOINTE PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☒ Change ☐ Addition  
NAME **70 Beachside Dr #103**  
STREET ADDRESS **Vero Beach Fla 32963**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-03 772-581-5640**  
Date Daytime Phone #

CR2E034 (10/02)