

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90251 022 ***150.00

DOCUMENT # P01000009031

1. Entity Name
SDM ASSOCIATES, INC.

Principal Place of Business
7218 DOGWOOD TERRACE DRIVE STE A
PENSACOLA FL 32504-6709

Mailing Address
7218 DOGWOOD TERRACE DRIVE STE A
PENSACOLA FL 32504-6709

001129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMIO, ROGER M
7218 DOGWOOD TERRACE DRIVE STE A
PENSACOLA FL 32504-6709

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.

SIGNATURE *Roger M. Damio* **ROGER M. DAMIO REG'D AGENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: ☐ Change ☒ Addition

TITLE **DP** ☐ Delete
NAME **DAMIO, ROGER M**
STREET ADDRESS **7218 DOGWOOD TERRACE DRIVE STE A**
CITY-ST-ZIP **PENSACOLA FL 32504-6709**

TITLE **DP** ☐ Change ☒ Addition
NAME **STACEY M. OLSCHENSKIE**
STREET ADDRESS **8810 FORTUNE RD**
CITY-ST-ZIP **MILTON FL 32583**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☒ Addition
NAME **LARRY M. NEAL**
STREET ADDRESS **5185 FLAX RD**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☒ Addition
NAME **CHAIRMAN**
STREET ADDRESS **ROGER M DAMIO**
CITY-ST-ZIP **7218 DOGWOOD TERRACE DR STE A**
PENSACOLA, FL 32504

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☐ Addition
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☐ Addition
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Change ☐ Addition
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

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, and all other like empowered.

SIGNATURE:

Roger M. Damio **ROGER M. DAMIO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)