

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90157 045 ***150.00

DOCUMENT # P01000036820

1. Entity Name
DMI TRANSPORT, INC.



Principal Place of Business
1188 ENTERPRISE DR
UNIT 6
PORT CHARLOTTE FL 33953

Mailing Address
PO BOX 381296
MURDOCK FL 33938



2. Principal Place of Business

20250 ALBURY

Suite, Apt. #, etc.

3. Mailing Address

PO Box 381296

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

PORT CHARLOTTE FL

City & State

PO MURDOCK FL

4. FEI Number 65-1103732

Applied For

Not Applicable

Zip 33952

Country USA

Zip 33938

Country USA

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

6. Name and Address of Current Registered Agent

MCKINLEY, DANA C
9379 STEUBENVILLE AVENUE
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

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

[Signature]

DANA C. MCKINLEY PRES

4-10-03

Signature, typed or printed name of registered agent and date if applicable.

(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

TITLE D
NAME MCKINLEY, DANA C
STREET ADDRESS 9379 STEUBENVILLE AVENUE
CITY-ST-ZIP ENGLEWOOD FL 34224

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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] DANA C. MCKINLEY

4-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)