2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # P01000054364 1. Entity Name 02-05-2002 90077 043 ***150.00 THE DMT GROUP, INC. Principal Place of Business Mailing Address 4271 WOODVIEW DR. 4271 WOODVIEW DR. SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPARLING, JOHN W Street Address (P.O. Box Number is Not Acceptable) 4271 WOODVIEW DR. SARASOTA FL 34232 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ∜See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) President/Treasurer ☐ Delete TITLE TITLE Change ■ Addition NAME NAME John Sparting STREET ADDRESS 4271 woodview Dr. Sarasota Fl. 34232 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP v. Pres | Secretary ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME Decia Topp STREET ADDRESS STREET ADDRESS 4271 Woodview CITY-ST-ZIP CITY-ST-ZIP - Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE ☐ Change 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:

941-377-5776

FILED