

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90437 013 ***158.75

0037162 AV

DOCUMENT # P01000101254

1. Entity Name

D & M CLOSING AND ABSTRACT SERVICES, INC.



Principal Place of Business

11 10TH AVE. NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address

11 10TH AVE. NORTH
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

201 10th Ave North
Suite, Apt. #, etc.
Unit # 103

3. Mailing Address

"SAME"

Suite, Apt. #, etc.

City & State

Jax Beach, FL

Zip

32250 Duval

City & State

Jax Beach, FL

Zip

32250 Duval

City & State

Jax Beach, FL

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

26-0005083

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLEY, MICHAEL A
11 10TH AVE. NORTH
JACKSONVILLE BEACH FL 32250

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, typed or printed name of registered agent and title 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 WILLEY, DEBRA
STREET ADDRESS 11 10TH AVE. NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D
NAME WILLEY, MICHAEL A
STREET ADDRESS 11 10TH AVE. NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/02)