


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90108 043 ***150.00

DOCUMENT # P01000106017	
1. Entity Name D M PROCESSING, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 169 Tequesta Drive Suite, Apt. #, etc. 23 & 24E		3. Mailing Address P.O. Box 1594 Suite, Apt. #, etc.	
City & State Tequesta, FL		City & State Jupiter, FL	
Zip 33469	Country Palm Beach	Zip 33468	Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155287		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Diane Marino	
	Street Address (P.O. Box Number is Not Acceptable) 927 Marlin Circle	
	City Jupiter	FL Zip Code 33458

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 *Diane Marino* **DIANE MARINO**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Diane Marino 927 Marlin Circle Jupiter, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director James E Tuning 927 Marlin Circle Jupiter, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Marino* **DIANE MARINO** President 575-9987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)