

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90365 001 ***300.00

DOCUMENT # P02000005515

1. Entity Name
DKM & G. INC.



Principal Place of Business
**106 E. COLLEGE AVE., STE. 1200
TALLAHASSEE FL 32301**

Mailing Address
**106 E. COLLEGE AVE., STE. 1200
TALLAHASSEE FL 32301**

2. Principal Place of Business
1312 W Tennessee St
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1466
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32304

City & State
Tallahassee FL
Zip
32302

4. FEI Number
04-3595439

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOVETT, JOHN C
106 E. COLLEGE AVE., STE. 1200
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	<input checked="" type="checkbox"/> Delete
NAME	LOVETT, JOHN C	
STREET ADDRESS	106 E. COLLEGE AVE., STE. 1200	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Barnett	
STREET ADDRESS	981 Parkview Dr	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE	Sec / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Barnett	
STREET ADDRESS	981 Parkview Dr	
CITY-ST-ZIP	Tallahassee FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Barnett	
STREET ADDRESS	981 Parkview Dr	
CITY-ST-ZIP	Tallahassee FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Barnett	
STREET ADDRESS	981 Parkview Dr	
CITY-ST-ZIP	Tallahassee FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03 850-8780661

Date

Daytime Phone #

CR2E034 (10/02)