

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90142 034 ***150.00

DOCUMENT # P02000006794

1. Entity Name

DUMP MASTERS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**1041 SOUTHEAST 20TH AVENUE
CAPE CORAL FL 33919**

33990

Mailing Address

~~PO BOX 60164~~

~~FT. MYERS FL 33906 6164~~

2. Principal Place of Business

3. Mailing Address

1041 S.E. 20TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CAPE CORAL, FLORIDA

Zip

33990

Country

Zip

33990

Country

LEE

4. FEI Number

04-3589609

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

**SPiegel & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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 **PD** ☐ Delete
NAME **METZ, JOSEPH F**
STREET ADDRESS **9864 OWL CLOVER STREET**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **ST** ☐ Delete
NAME **METZ, FLOYD**
STREET ADDRESS **9864 OWL CLOVER STREET**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1041 SE 20TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1041 SE 20TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

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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 REQUIRED Metz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-229-3333

Date

Daytime Phone #

CR2E034 (10/02)