

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90081 004 ***158.75

DOCUMENT # P02000094664

1. Entity Name
DEALER ENHANCEMENT SERVICES, INC.



Principal Place of Business
**1371 SR 19 SOUTH
PALATKA FL 32177**

Mailing Address
**1371 SR 19 SOUTH
PALATKA FL 32177**

00011021



2. Principal Place of Business

1371 Highway 19 South
Suite, Apt. #, etc.

3. Mailing Address

1371 Highway 19 South
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

PALATKA FL

City & State

PALATKA FL

4. FEI Number

33-1027555

Applied For

Not Applicable

Zip

Country

Putnam

Zip

Country

Putnam

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FILLMAN, MARTIN C
1371 SR 19 SOUTH
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name **MARTIN Christian Fillman II**

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

1371 Highway 19 South

City **PALATKA**

FL

Zip Code

32177

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)

1-29-03

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 **PSTD**
NAME **FILLMAN, MARTIN C**
STREET ADDRESS **1371 SR 19 SOUTH**
CITY-ST-ZIP **PALATKA FL 32177**
☒ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
NAME **FILLMAN, MARTIN C**
STREET ADDRESS **1371 HWY 19 South**
CITY-ST-ZIP **PALATKA, FL 32177**
☒ Change ☐ Addition

TITLE **S**
NAME **THOMPSON, JAVAN-DAN**
STREET ADDRESS **1371 HWY 19 South**
CITY-ST-ZIP **PALATKA, FL 32177**
☐ Change ☒ Addition

TITLE **Sec.**
NAME **JAVAN-DAN THOMPSON**
STREET ADDRESS **1371 Highway 19 South**
CITY-ST-ZIP **PALATKA, FL 32177**
☐ Change ☒ Addition

TITLE **PSTD**
NAME **MARTIN CHRISTIAN Fillman II**
STREET ADDRESS **1371 Highway 19 South**
CITY-ST-ZIP **PALATKA, FL 32177**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (10/02)

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

1-29-03 386-527-1740

Date

Daytime Phone #