

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90541 034 ***158.75

0010981 AT

DOCUMENT # P02000125481

1. Entity Name
DEMCO MANAGEMENT GROUP INC.



Principal Place of Business
**1206 S.E. 14TH TERRACE
CAPE CORAL FL 33990**

Mailing Address
**1206 S.E. 14TH TERRACE
CAPE CORAL FL 33990**

2. Principal Place of Business

5247 Tower Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 151838

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
CAPE Coral FL

Zip
33904

Country
Lee

City & State
CAPE Coral FL

Zip
33915

Country
Lee

4. FEI Number
04.3750943

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DEMSKI, FREDERICK W III
1206 S.E. 14TH TERRACE
CAPE CORAL FL 33990**

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 **VP** ☐ Delete
NAME **FREDERICK, DEMSKI W III**
STREET ADDRESS **1206 S.E. 14TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **P** ☐ Delete
NAME **ELIZABETH, DEMSKI**
STREET ADDRESS **1206 S.E. 14TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

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
CITY-ST-ZIP

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

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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
FREDERICK W. Demski III VP 4.19.03 (239) 574.3400

CR2E034 (10/02)