

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0664037 AV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 10 PM 1:45

DOCUMENT # P92000002234

1. Entity Name
DM OF SARASOTA, INC.



Principal Place of Business
1236 CENTRAL AVE.
SARASOTA FL 34236
US

Mailing Address
765 TROPICAL CIRCLE
SARASOTA FL 34242
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0428155

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELMS, R.L.
765 TROPICAL CIRCLE
SARASOTA FL 34242

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
HELMS, R.L.
765 TROPICAL CIRCLE
SARASOTA FL 34242 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
HELMS, R B
765 TROPICAL CIRCLE
SARASOTA FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400020966714
06/18/03--01039--001 ***150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-03

941-366-3357

Date

Daytime Phone #

CR2E034 (10/02)

attachment

71200002234

D M Of Sarasota Inc.

1236 Central Avenue
1236
Sarasota, Florida 34236

Phone 941-366-3357
Fax 941-366-3203

June 06, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT
P O BOX 1500
TALLAHASSEE, FL. 32302-1500

GENTALMAN;

THIS FORM IS BEING SUBMITTED TO YOU LATE. I HAVE BEEN SUFFERING FROM A STAFF INFECTION FOR THE LAST 2.5 MOUNTHS I WAS NOT ALLOWED TO WALK MUCH LESS GO TO WORK. THIS INFECTION WAS AFFECTING MY LEFT FOOT. I WAS RECEIVING ANTIBIOTICS INTERVEINUSLY 3 TIMES A DAY. THE GOOD NEWS IS THAT ALL I LOST WAS MY BIG TOE.

I WAS RELEASED FROM THE HOSPITAL ON MAY 20TH AND BACK TO WORK HALF DAYS ON JUNE 4.

I HOPE THAT THIS WILL BE CONSIDERED WHEN ACCEPTING THIS REPORT LATE.

SINCERELY YOURS


RICHARD HELMS