

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90081 004 ***150.00

DOCUMENT # P 92000004386

1. Entity Name

M.D.M. of Collier County, Inc.

Principal Place of Business

Mailing Address

800 St. Andrews Blvd.
 Naples, Fl. 33962

2. Principal Place of Business

1318 Lafayette St.

3. Mailing Address

1318 Lafayette St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

4. FEI Number

65-0370421

Applied For

Not Applicable

Zip

33904

Country

Zip

33904

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Webster, Ronald S
 Royal Palm Mall
 985 N Collier Blvd.
 Marco Island, Fl. 33937

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Meisinger, Herbert	
STREET ADDRESS	800 St. Andrews Blvd.	
CITY-ST-ZIP	Naples, Fl. 33962	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	Meisinger, Heinz	
STREET ADDRESS	800 St. Andrews Blvd.	
CITY-ST-ZIP	Naples, Fl. 33962	
TITLE	T	<input type="checkbox"/> Delete
NAME	Dutz, Guenther	
STREET ADDRESS	800 St. Andrews Blvd.	
CITY-ST-ZIP	Naples, Fl. 33962	
TITLE		<input 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		

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		
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dutz Guenther	
STREET ADDRESS	1318 Lafayette St.	
CITY-ST-ZIP	Cape Coral, Fl. 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hill, Thomas W.	
STREET ADDRESS	1318 Lafayette St.	
CITY-ST-ZIP	Cape Coral, Fl. 33904	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Guenther Dutz

Guenther Dutz

4-25-00

(941) 549-241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UBR 11/20/00