

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90346 030 \*\*\*150.00

**DOCUMENT # P93000021787**

**1. Entity Name**  
**DECISION MANAGEMENT INTERNATIONAL, INC.**



**Principal Place of Business**  
**1111 3RD AVE WEST**  
**STE 250**  
**BRADENTON FL 34205**  
**US**

**Mailing Address**  
**1111 3RD AVE WEST**  
**250**  
**BRADENTON FL 34205**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-0412923**

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

**GRYWALSKI, FRANK**  
**3470 BALLYBRIDGE CIRCLE #202**  
**BONITA SPRINGS FL 34134**

## 7. Name and Address of New Registered Agent

**Name**  
**GRYWALSKI, FRANK**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1111 3RD AVE WEST**  
**Suite 200**  
**City Bradenton** **FL** **Zip Code 34205**

**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

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>HANN, STEPHEN S</b>	
<b>STREET ADDRESS</b>	<b>8231 MAIN ST</b>	
<b>CITY-ST-ZIP</b>	<b>BOKEELIA FL</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BENEVENTO, GEORGE</b>	
<b>STREET ADDRESS</b>	<b>1016 MAJESTIC OAKS WAY</b>	
<b>CITY-ST-ZIP</b>	<b>SIMPSONVILLE KY</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GATES, PETER</b>	
<b>STREET ADDRESS</b>	<b>16 LAUREL AVE STE 150</b>	
<b>CITY-ST-ZIP</b>	<b>WELLESLEY HILLS MA 02481</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DENNY, GEORGE P</b>	
<b>STREET ADDRESS</b>	<b>500 BOYSLTON STREET STE 1880</b>	
<b>CITY-ST-ZIP</b>	<b>BOSTON MA 02110</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GRYWALSKI, FRANK</b>	
<b>STREET ADDRESS</b>	<b>3470 BALLYBRIDGE CIRCLE #202</b>	
<b>CITY-ST-ZIP</b>	<b>BONITA SPRINGS FL 34134</b>	
<b>TITLE</b>	<b>VST</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>HUTCHENS, JOHN</b>	
<b>STREET ADDRESS</b>	<b>4430 SWANN CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33609</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

4/8/03

Date

941-748-8100

Daytime Phone #

CR2E034 (10/02)