2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

ODESSA FL 33556

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

16124 VANDERBILT DRIVE

P94000010309 DOCUMENT # 1. Entity Name

DUM, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

CASPER, GARY

16124 VANDERBILT DRIVE ODESSA FL 33556

City & State

Zip

16124 VANDERBILT DRIVE

ODESSA FL 33556



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

01-21-2003 90507 024 ***150.00

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☐ CHECK HERE IF MAKING CHA	NGES						
4. FEI Number 65-0467511	Applied For						
00'0407011	Not Applicable						
	\$8.75 Additional Fee Required						
7. Name and Address of New Registered Agent							
<u>22</u> = <u>21</u> = 2 = 2	, 						

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.

City

Country

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

Country

(NOTE: Registered Agent signature required when reinstating)

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

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

	rayable to Florida Department of State							
10.	OFFICERS AND DIRECTORS	11.		TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
STREET ADDRESS	P Casper, gary 16124 Vanderbilt dr Odessa Fl 33556	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filling 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: