

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031473

1. Entity Name

DMV, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90033 020 ***158.75

Principal Place of Business 418 HARBOR VIEW LN LARGO FL 33770 US	Mailing Address 418 HARBOR VIEW LN LARGO FL 33770-4009 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1044967		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent TOUPS, LEON H. 418 HARBOR VIEW LN 801 WEST BAY DR, SUITE 707 LARGO FL 34640		7. Name and Address of New Registered Agent Name TOUPS, LYNN R. Street Address (P.O. Box Number is Not Acceptable) 418 HARBOR VIEW LANE City LARGO FL Zip Code 33770	
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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 *Leon H. Toup* *LYNN R. TOUPS* *3-1-00*
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOUPS, LEON H. (ERROR; SEE BELOW) <input checked="" type="checkbox"/> Delete 418 HARBOR VIEW LN LARGO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOUPS, MICHAEL P. (ERROR; SEE BELOW) <input checked="" type="checkbox"/> Delete 418 HARBOR VIEW LN LARGO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOUPS, LEON H. 418 Harbor View LN. LARGO, FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOUPS, LEON H. 418 HARBOR VIEW LN. LARGO, FL. 33770 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOUPS, MICHAEL P. 418 HARBOR VIEW LN. LARGO, FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOUPS, MICHAEL P. 418 HARBOR VIEW LN. LARGO, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Leon H. Toup* *(LEON H. TOUPS)* *3-1-00* *727-584-2065*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)