

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90018 003 ***150.00

DOCUMENT # P95000012097

1. Entity Name

D M TRANSPORTATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

2395 SAULS CIRCLE
CALLAHAN FL 32011

P.O. BOX 1969
CALLAHAN FL 32011-1969

2. Principal Place of Business

2395 Sauls Circle

3. Mailing Address

PO Box 1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Callahan FL

City & State

Callahan, FL

4. FEI Number

59-3311511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNARD, JAMES E
2395 SAULS CIRCLE
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

SAME

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MAGILL, JIM**
CITY-ST-ZIP **1409 E. BLVD. #110**
CHARLOTTE NC 28203

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MILLS, LEONARD**
CITY-ST-ZIP **1409 E. BLVD. #110**
CHARLOTTE NC 28203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-19-00 904-879-5854