

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059026

1. Entity Name

D&M FORT PIERCE, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90051 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1865 EAST EAGLE TRACE BLVD.  
 CORAL SPRINGS FL 33071

1865 EAST EAGLE TRACE BLVD.  
 CORAL SPRINGS FL 33071-7820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0690107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASARCH, STEVEN J  
 7777 GLADES ROAD  
 SUITE 200  
 BOCA RATON FL 33434

Name

Domenica M. Flora

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

1865 E. Eagle Trace Blvd.

City

Coral Springs

FL

Zip Code

33071

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

Domenica M. Flora

Domenica M. Flora

2/24/00

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) ☐

**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 ☐ Delete  
 NAME D  
 STREET ADDRESS FLORA, MICHAEL J  
 CITY-ST-ZIP 1865 EAST EAGLE TRACE BLVD.  
 CORAL SPRINGS FL 33071

TITLE ☒ Change ☐ Addition  
 NAME DP  
 STREET ADDRESS FLORA, MICHAEL J  
 CITY-ST-ZIP 1865 EAST EAGLE TRACE BLVD  
 CORAL SPRINGS FL 33071

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS FLORA, DOMENICA M  
 CITY-ST-ZIP 1865 EAST EAGLE TRACE BLVD.  
 CORAL SPRINGS FL 33071

TITLE ☒ Change ☐ Addition  
 NAME DVST  
 STREET ADDRESS FLORA, DOMENICA M  
 CITY-ST-ZIP 1865 EAST EAGLE TRACE BLVD  
 CORAL SPRINGS, FL 33071

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

Domenica M. Flora  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Domenica M. Flora

Date

Daytime Phone #

954

255-2246

CR2E034 (9/99)