

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90013 040 ***150.00

0136569

DOCUMENT # P96000059026

1. Entity Name

D&M FORT PIERCE, INC.

Principal Place of Business

1865 EAST EAGLE TRACE BLVD.
 CORAL SPRINGS FL 33071

Mailing Address

1865 EAST EAGLE TRACE BLVD.
 CORAL SPRINGS FL 33071

2. Principal Place of Business

2505 LAGUNA TERRACE
 Suite, Apt. #, etc.

3. Mailing Address

2505 LAGUNA TERRACE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0690107

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLORA, DOMENICA M
1865 E EAGLE TRACE BLVD
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **DOMENICA M. FLORA**
 Street Address (P.O. Box Number is Not Acceptable)
2505 LAGUNA TERRACE
 City **Fort Lauderdale FL** Zip Code **33316**

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**

2/12/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FLORA, MICHAEL J 1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FLORA, DOMENICA M 1865 EAST EAGLE TRACE BLVD. CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Michael J. Flora 2505 LAGUNA TERRACE Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DOMENICA M. FLORA 2505 LAGUNA TERRACE Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE:

DOMENICA M. FLORA **DOMENICA M. FLORA** **2/12/01** **954-767-0652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)