**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 10, 2002 8:00 am Secretary of State P96000083466 **DOCUMENT #** 05-20-2002 90201 001 \*1,100.00 1. Entity Name DECISION MANAGEMENT INTERNATIONAL OF CANADA, INC Mailing Address Principal Place of Business 92281 1111 3RD AVE W 1111 3RD AVE W STE #250 STE #250 **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3425756 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent walski WALTERS, CLIFFORD L Street Address (P.O. Box Number is Not Acceptable) 802 11TH ST WEST **BRADENTON FL 34205** >prinas 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 (NOTE: Begistered Agent signature required when reinstature) FILE NOW!!! FEE IS \$150.00 39. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 71. 12. (9/01) ☐ Change ■ Addition ☐ Delete TITLE TITLE Hutchens, John HANN, STEPHEN S NAME NAME 4430 Swann Circle CR2E034 STREET ADDRESS **8231 MAIN ST** STREET ADDRESS **BOKEELIA FL 33922** Tampa, FL 33609 CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME BENEVENTO, GEORGE M STREET ADDRESS 1016 MAJESTIC OAKS WAY STREET ADDRESS SIMPSONVILLE KY 40067 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition X Delete TITL TITLE DFREZELL, TERENCE J. NAME NAME STREET ADDRESS 600 OCEAN DRIVE, 10D STREET ADDRESS COY-ST-7P CITY-ST-ZIP JUNO BEACH FL Addition Сhалре TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition mn F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.