

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093968

1. Entity Name

DM WORLDWIDE, INC.

Principal Place of Business

1920 W BAY DR STE 5  
LARGO FL 33770  
US

Mailing Address

1920 W BAY DR STE 5  
LARGO FL 33770-3022  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SMITTY  
3802 EHRLICH RD., STE. 210  
TAMPA FL 33624

Name

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)

4/14/00  
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	MURRAY, DANIEL F III	807 ALLAMANDA DR.	HARBOR BLUFFS FL 34640				
D	RODRIGUEZ, HARRY	AVENUE ARTERIAL HOSTAS #201, APT 802	SAN JUAN PR 00918-1804				

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

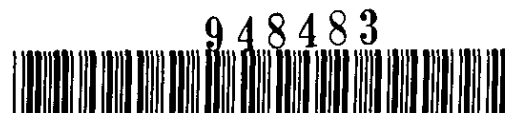
Date

Daytime Phone #

83 9690044

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90125 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3412214** - - - - - ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (9/99)