

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043598

1. Entity Name

DSM.NET, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90008 001 ***150.00

Principal Place of Business

Mailing Address

Post Office Box 93160
Lakeland, Florida 33804

2. Principal Place of Business

6810 New Tampa Highway
Suite Apt. # etc
Suite 600

3. Mailing Address

Post Office Box 93160

Suite Apt. # etc

City & State
Lakeland, FL

City & State
Lakeland, Florida

Zip
33815

Country
U.S.

Zip
33804

Country
U.S.

4. Telephone
59-3592671

5. Expiration Date of Report
6. Agent's Fee

6. Name and Address of Current Registered Agent

MORRELL, EDUARDO F E
500 South Florida Avenue
Suite 210
Lakeland, Florida 33801

7. Name and Address of New Registered Agent

Name
Street Address
City

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

9. Has the corporation or other entity filed its annual report with the Department of State?
If filed, please indicate the date of filing: ☐ Yes ☐ No

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$250.00
Make Check Payable to Department of State

10. The corporation or other entity has paid the fee for this report: ☐ Yes ☐ No

11. OFFICER, DIRECTOR, OR SHAREHOLDER	12. OFFICER, DIRECTOR, OR SHAREHOLDER
NAME: D James David Robinson, Sr. ADDRESS: Route 3 Box 3010, Quitman, GA 31643 ☒ Delete	NAME: P, S, T, D James David Robinson ADDRESS: 6810 New Tampa Highway, Suite 600 Lakeland, Florida 33815 ☐ Delete
NAME: ☒ Delete	NAME: ☐ Delete
NAME: ☐ Delete	NAME: ☐ Delete
NAME: ☐ Delete	NAME: ☐ Delete
NAME: ☐ Delete	NAME: ☐ Delete

13. I hereby certify that the information supplied with this filing is true and correct and that my signature shall serve as evidence of the corporation or other entity's consent to the filing of this report. If the corporation or other entity is not a corporation, then the signature shall serve as evidence of the individual's consent to the filing of this report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00