

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90072 009 \*\*\*150.00

0122586 AT

**DOCUMENT # P97000043598**

1. Entity Name  
**DSM.NET, INC.**

Principal Place of Business

P.O. BOX 93160  
 LAKELAND FL 33804

Mailing Address

P.O. BOX 93160  
 LAKELAND FL 33804

2. Principal Place of Business

*6810 New Tampa Hwy*  
 Suite, Apt. #, etc.  
*600*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Lakeland, FL*

City & State

Zip  
*33815*

Country

*USA*

Zip

Country

4. FEI Number **59-3592671**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MORRELL, EDUARDO F ESQ.**  
**500 S. FLORIDA AVENUE**  
**#210**  
**LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*500 S. Florida Avenue*

Suite 330

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) 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>ROBINSON, JAMES DAVID SR.</b> <b>ROUTE 3 BOX 3010, STATE ROAD 100</b> <b>QUITMAN GA 31643</b>	<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
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	<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
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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 hereto, with all other like empowered.

**SIGNATURE:** *(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/10/01*

Date

*863-802-8888*  
 Daytime Phone #

CR2E034 (5/01)

Attachment Doc # P917000043598 A0082142

**Eduardo F. Morrell, P.A.**  
**Attorneys at Law**

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500 South Florida Avenue, Suite 330  
Lakeland, Florida 33801-5252

Telephone: (863) 802-8037  
Facsimile: (863) 802-5312

Mailing Address:  
P.O. Box 2786 ~ Lakeland, Florida 33806-2786

August 14, 2001

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

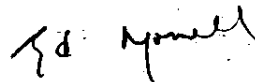
RE: DSM.Net, Inc.

Dear Sir/Madam:

Our firm represents DSM.Net, Inc. Our client forwarded to our office the enclosed UBR Report Form, Notice No. 2. Our client advised us they did not receive the first notice. Please accept the enclosed check in the amount of \$150.00 as payment in full for your filing fee.

Thank you for your consideration.

Sincerely,



Eduardo F. Morrell

Encl

cc: David Robinson (w/encl)

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