

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90085 035 ***150.00

DOCUMENT # *P97000050929*
1. Entity Name
D.M.C OF JACKSONVILLE INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1410-1 PALMDALE ST
Suite, Apt. #, etc.

3. Mailing Address
2163 MINDANAO DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
593475455

Applied For
 Not Applicable

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

Zip
32208 Country
USA

Zip
32246 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WAYNE CAMPBELL E

Street Address (P.O. Box Number is Not Acceptable)
~~*2163 MINDANAO DR*~~

City
JACKSONVILLE FL Zip Code
32246

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 *N/A*
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <i>D</i>	<i>CAMPBELL WAYNE E</i>
NAME	
STREET ADDRESS	<i>2163 MINDANAO DR</i>
CITY-ST-ZIP	<i>JACKSONVILLE FL 32246</i>
TITLE <i>D</i>	<i>DORETH MC CAMPBELL</i>
NAME	
STREET ADDRESS	<i>2163 MINDANAO DR</i>
CITY-ST-ZIP	<i>502 FL 32246</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne E Campbell* *WAYNE E CAMPBELL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #