

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90758 022 \*\*\*150.00

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

DOCUMENT # P 97000082679  
 1. Entity Name  
 D & M REPAIR SERVICES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 645 CYPRESS BLVD.  
 Suite, Apt. #, etc.

3. Mailing Address  
 645 CYPRESS BLVD.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 WINTER SPRINGS, FL

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 WINTER SPRINGS, FL

4. FEI Number  
 59-3471326

Applied For  
 Not Applicable

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

Zip 32708 Country SEMINOLE Zip 32708 Country SEMINOLE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 DWYANE HAWKS

Street Address (P.O. Box Number is Not Acceptable)  
 645 CYPRESS BLVD.

City WINTER SPRINGS, FL FL Zip Code 32708

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	President DWAYNE HAWKS 645 CYPRESS BLVD. WINTER SPRINGS, FL 32708
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CR2E034B (12/01)

**DO NOT WRITE IN THIS SPACE**

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: Dwayne Hawk Date: 3-22-02 Daytime Phone #: 407-385-4980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR