

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90093 023 \*\*\*150.00

**DOCUMENT # P97000085428**

1. Entity Name  
**D & M TEAM, INC.**

Principal Place of Business  
**2456 BUSHTAIL CT  
 PALM HARBOR FL 34684  
 US**

Mailing Address  
**2456 BUSHTAIL COURT  
 PALM HARBOR FL 34683**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**650 RIVERSIDE DR.**

3. Mailing Address  
**650 RIVERSIDE DR.**

Suite, Apt. #, etc.

City & State  
**TARPON SPRINGS, FL**

City & State  
**TARPON SPRINGS, FL**

Zip  
**34689**

Country  
**USA**

Zip  
**34689**

Country  
**USA**

4. FEI Number **59-3472094**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TONKIN, DOROTHY  
 2456 BUSHTAIL COURT  
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

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) 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, 2001 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	<b>PSTD TONKIN, DOROTHY 2456 BUSHTAIL COURT PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HOFMANN, DOROTHY 650 RIVERSIDE DR. TARPON SPRINGS, FL 34689</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dorothy Hofmann **DOROTHY HOFMANN** 2-19-01 (727) 639-5421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)