2003 FOR PROFIT CORPORATION

Mailing Address

33001 DANON CT. LEESBURG FL 34788

3. Mailing Address

City & State

33001 Damon Ct Geolourg, 71. 34788

Zip

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR P97000089825 DOCUMENT # 1. Entity Name

DATABASE MANAGEMENT & MARKETING, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business 923 N. TEXAS AVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TEETS, RICK

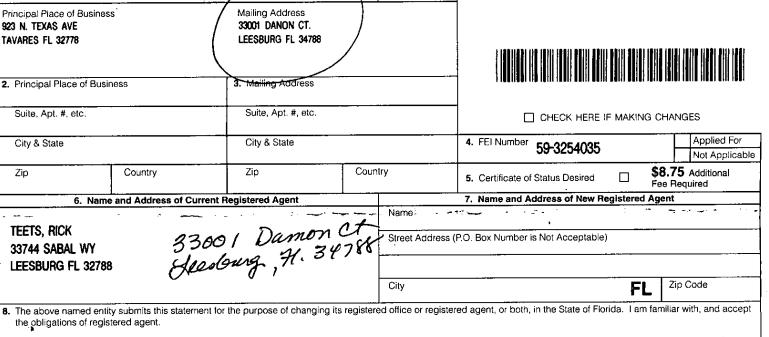
33744 SABAL WY LEESBURG FL 32788

Zip

TAVARES FL 32778

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91018 021 ***150.00



the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Hegistered Agent signature required when reinstating) DATE UNITE: Hegistered Agent signature required when reinstating)							
	LE NOW!!! FEE IS \$150.00			1	9. Election Campaign Financing	\$ 5.0	00 May Be
	May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.		to Fees
Make Check Payable to Florida Department of State							
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11	
TITLE	PO	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	TEETS, RICK		NAME				
STREET ADDRESS	33744 SABAL WY		STREET ADDRESS				
CITY-ST-ZIP	LEESBURG FL 32788		CITY-ST-ZIP				l l
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS			-	i
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	المساوات الرياسي	Delete	_TITLE ≈			☐ Change	
NAME			NAME			, -	1
STREET ADDRESS			STREET ADDRESS	•			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS			`	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				'
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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							

Country

report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee

SIGNATURE:

3-28-03 636-6131 Date Dayline Phone #