

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90125 018 ***150.00

DOCUMENT # P98000044939

1. Entity Name

D.L.M. OF PALM BEACH COUNTY, INC.



Principal Place of Business

**3010 JASMINE COURT
DELRAY BEACH FL 33483**

Mailing Address

**3010 JASMINE COURT
DELRAY BEACH FL 33483**

2. Principal Place of Business

2988 NW 89TH TERRACE #4

3. Mailing Address

2988 NW 89TH TERRACE #4

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

Zip

33065

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0852901**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALICOAT, DONALD L
3010 JASMINE CT
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

MICHAEL K MALICOAT

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

2988 NW 89TH TERRACE #4

City

CORAL SPRINGS FL

FL

Zip Code

33065

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. I am familiar with, and accept 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MALICOAT, DON**
STREET ADDRESS **3010 JASMINE CT**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MICHAEL K. MALICOAT**
STREET ADDRESS **2988 NW 89TH TERRACE #4**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)