

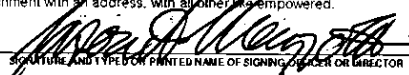


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90748 035 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000047449		
1. Entity Name DEM GUYZ, INC.		
Principal Place of Business 7450 S.E. FLAMINGO WAY HOBE SOUND, FL 33455		Mailing Address 7450 S.E. FLAMINGO WAY HOBE SOUND, FL 33455
2. Principal Place of Business 1800 SW HACKMAN TERR.		3. Mailing Address 1800 SW HACKMAN TERR.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State STUART FL		City & State STUART FL
Zip 34997	Country USA	Zip 34997
		Country USA
4. FEI Number 65-0837076		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAZZOTA, JASON A 1800 SW HACKMAN TERR. STUART, FL 34997		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. I am familiar with, and accept the obligations of, the registered agent.		
SIGNATURE  JASON A. MAZZOTA		DATE 2.26.03
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P MAZZOTA, JASON A 1800 SW HACKMAN TERR. STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input 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
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
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
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
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 persons empowered.		
SIGNATURE:  JASON A. MAZZOTA		DATE 2.26.03 7722861186

70026666



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)