

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90077 027 ***150.00

UBR 4309

DOCUMENT # P98000077694

1. Entity Name
D & M POSTS, INC.

Principal Place of Business Mailing Address
13830 MEARES DRIVE **13830 MEARES DRIVE**
LARGO FL 33774 **LARGO FL 33774**

2. Principal Place of Business 3. Mailing Address
6358 92 PLACE N **6358 92 PL N**

Suite, Apt. #, etc. Suite, Apt. #, etc.
2004 **# 2004**

City & State City & State
PINELLAS PARK, FL **PINELLAS PARK FL**

Country Zip Country
USA **33782** **USA**

4. FEI Number **59-3540141** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALL, MICHAEL E
13830 MEARES DRIVE
LARGO FL 33774

Name **MICHAEL E WALL**
 Street Address (P.O. Box Number is Not Acceptable) **6358 92 PLACE N #2004**
 City **PINELLAS PARK** FL Zip Code **33782**

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 *Michael E Wall* DATE **3-18-01**
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)

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	DP	<input type="checkbox"/> Delete
NAME	WALL, MICHAEL E	
STREET ADDRESS	13830 MEARES DRIVE	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CLINTON, DONALD L	
STREET ADDRESS	6358 92ND PLACE NORTH #2004	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Michael E Wall* **President** DATE **3-18-01** DAYTIME PHONE # **727-549-9119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)