

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90214 040 ***550.00

DOCUMENT # P98000082501

1. Entity Name
DMC SERVICES, INC.

A0073611



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1750 CURLEW COURT
ROCKLEDGE FL 32955

Mailing Address
1750 CURLEW COURT
ROCKLEDGE FL 32955

2. Principal Place of Business
2220 FRONT ST.

3. Mailing Address
2220 FRONT ST.

Suite, Apt. #, etc.
UNIT # 401

City & State
MELBOURNE, FL

4. FEI Number **59-3546367** Applied For Not Applicable

City & State
MELBOURNE, FL

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

Zip **32901** Country **USA** Zip **32901** Country **USA**

6. Name and Address of Current Registered Agent
HAHLE, DONNA
1750 CURLEW COURT
ROCKLEDGE FL 33955

7. Name and Address of New Registered Agent
 Name **HAHLE, DONNA**
 Street Address (P.O. Box Number is Not Acceptable)
2220 FRONT ST.
UNIT #401
 City **MELBOURNE FL** Zip Code **32901**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P	<input type="checkbox"/> Delete NAME HAHLE, MICHAEL J STREET ADDRESS 1750 CURLEW CT CITY-ST-ZIP ROCKLEDGE FL 32955	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HAHLE, MICHAEL J STREET ADDRESS 2220 FRONT ST #401 CITY-ST-ZIP MELBOURNE, FL 32901
TITLE VP	<input type="checkbox"/> Delete NAME HAHLE, DONNA F STREET ADDRESS 1750 CURLEW CT CITY-ST-ZIP ROCKLEDGE FL 32955	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HAHLE, DONNA F STREET ADDRESS 2220 FRONT ST #401 CITY-ST-ZIP MELBOURNE, FL 32901
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donna F Hahle **HAHLE, DONNA** **8/18/00** **733-0077**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #