2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State
03-09-2000 90088 036 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000086663

1. Entity Name

DMR CONSULTING, INC.

Principal Place of Business	Mailing Address
3135 LAWTON COURT PANAMA CITY FL 32405	3135 LAWTON COURT PANAMA CITY FL 32405-3425

2. Principal Place of Business		3. Mailing Address	
8317 FRONT BEACH ROAD		8317 FRONT BEACH ROAD	
Suite, Apt. #, etc.: SUITE 13B2		Suite, Apt. #, etc.: SUITE 13B2	
City & State: PANAMA CITY BEACH FL		City & State: PANAMA CITY BEACH, FL	
Zip: 32407	Country: US	Zip: 32407	Country: US

4. FEI Number 59-3536951 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOSKINS, DAVID W 3135 LAWTON COURT PANAMA CITY FL 32405	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.

SIGNATURE ____________________ DATE
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, 2000 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	PS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOSKINS, DAVID		NAME		
STREET ADDRESS	3135 LAWTON CT.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARMICHAEL, MARCUS		NAME		
STREET ADDRESS	681 N. WALTON LAKESHORE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL 32413		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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: DAVID HOSKINS 3/7/00 850 230 3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #