

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088842

1. Entity Name

DMG GROUP, INC.

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

04-21-2000 90106 012 ***158.75

Principal Place of Business

Mailing Address

3001 TUJAGUES PLACE
PENSACOLA FL 32505

3001 TUJAGUES PLACE
PENSACOLA FL 32505-3462

2. Principal Place of Business

325 MT. AIRY ST.
Suite, Apt. #, etc.

3. Mailing Address

325 MT. AIRY ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cantonment FL

City & State

Cantonment, FL

4. FEI Number

59-3539826

Applied For

Not Applicable

Zip

Country

32533

USA

Zip

Country

32533

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUENTES, LAWRENCE E
1407 WEST BUSCH BOULEVARD
TAMPA FL 33612

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GROSSMAN, DAVID A
CITY-ST-ZIP 3001 TUJAGUES PLACE
PENSACOLA FL 32505

TITLE ☐ Delete
NAME D Grossman
STREET ADDRESS WEIS, MARGARET C
CITY-ST-ZIP 3001 TUJAGUES PLACE
PENSACOLA FL 32505

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Grossman, David A.
CITY-ST-ZIP 325 MT. AIRY ST.
Cantonment FL 32533

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Grossman, Margaret W.
CITY-ST-ZIP 325 MT. AIRY ST.
Cantonment FL 32533

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

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

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

TITLE ☐ Change ☐ Addition
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:

DAVID GROSSMAN DAVID GROSSMAN

4/14/00

Date

850/937-6090

Daytime Phone #