

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P99000021295

1. Entity Name
DLMSR MARKETING, INC.



FILED

03 JUL 24 PM 1:55

Principal Place of Business
595 SILVERGATE LOOP
LAKE MARY FL 32746

Mailing Address
595 SILVERGATE LOOP
LAKE MARY FL 32746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3560034

Applicant for
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOON, DONALD L SR.
595 SILVERGATE LOOP
LAKE MARY FL 32746

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 registered agent.

SIGNATURE _____ DATE _____

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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MOON, DONALD L SR.	
STREET ADDRESS	595 SILVERGATE LOOP	
CITY, ST, ZIP	LAKE MARY FL 32746	
TITLE	D	☐ Delete
NAME	MOON, MARGARET B	
STREET ADDRESS	895 SILVERGATE LOOP	
CITY, ST, ZIP	LAKE MARY FL 32746	
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	P	☐ Change ☒ Addition
NAME	Theresa Rae Gay	
STREET ADDRESS	5719 Venetian Blvd NE	
CITY, ST, ZIP	St Petersburg FL 33703	
TITLE	D	☐ Change ☒ Addition
NAME	John David Gay	
STREET ADDRESS	5719 Venetian Blvd NE	
CITY, ST, ZIP	St Petersburg FL 33703	
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		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald L Moon Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03 407-321-4688
7/19/03 407-321-4688
JK 7/24