

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026805

1. Entity Name

DMC COMPONENTS INTERNATIONAL, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90187 036 \*\*\*150.00

Principal Place of Business  
210 CHANDLER ST.  
CAPE CANAVERAL FL 32920

Mailing Address  
210 CHANDLER ST.  
CAPE CANAVERAL FL 32920-2642

2. Principal Place of Business  
1000 EXECUTIVE DR.

3. Mailing Address  
1000 EXECUTIVE DR.

Suite, Apt. #, etc.  
SUITE 9

Suite, Apt. #, etc.  
SUITE 9

City & State  
OVIEDO, FL.

City & State  
OVIEDO, FL.

Zip  
32765

Country  
USA

Zip  
32765

Country  
USA

4. FEI Number  
59-3566455

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
DATHE, CAROL  
210 CHANDLER ST.  
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent  
Name  
MICHAEL P. DATHE  
Street Address (P.O. Box Number is Not Acceptable)  
1700 WOODBURY RD.  
#809  
City  
ORLANDO FL Zip Code  
32822

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]* 1/21/00  
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. ☐ **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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DATHE, MICHAEL P		NAME		
STREET ADDRESS	210 CHANDLER ST.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* 1/21/00 407-366-9248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #