

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91162 042 \*\*\*150.00

DOCUMENT # P99000032192



1. Entity Name  
DMPC, INC.

Principal Place of Business  
959 ALAMANDA DRIVE  
DELRAY BEACH FL 33483

Mailing Address  
959 ALAMANDA DRIVE  
DELRAY BEACH FL 33483

2. Principal Place of Business  
14806 Paddock Dr  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
Wellington FL

City & State

4. FEI Number 65-0910234

Applied For  
Not Applicable

Zip Country  
33414 PB

Zip Country  
USA

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

6. Name and Address of Current Registered Agent

COLES, DARYL  
959 ALAMANDA DRIVE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name  
Coles, Michele  
Street Address (P.O. Box Number is Not Acceptable)  
14806 Paddock Dr  
City Wellington FL Zip Code 33414

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 Michele Coles Michele Coles 4/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COLES, DARYL	
STREET ADDRESS	959 ALAMANDA DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLES, MICHELE	
STREET ADDRESS	959 ALAMANDA DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLES, Daryl B.	
STREET ADDRESS	14806 Paddock Dr	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLES, Michele	
STREET ADDRESS	14806 Paddock Dr	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/03 (561) 212-8833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)