

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000061998****1. Entity Name**
DMH ENTERPRISES OF ORANGE PARK, INC.**Principal Place of Business**
C/O FRAZIER & FRAZIER, ATT. AT LAW, P.A.
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204**Mailing Address****C/O FRAZIER & FRAZIER, ATT. AT LAW, P.A.**
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2894005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****FRAZIER, W. ROBINSON**
C/O FRAZIER & FRAZIER, ATTOR. AT LAW, P.A.
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204**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, 2002 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HICKS, DAVID M
4705 ORTEGA BLVD
JACKSONVILLE FL 32210 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE STE A
JACKSONVILLE FL 32204 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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:** *W. Robinson Frazier*
W. Robinson Frazier, Vice President

1-8-2002

(904) 353-5616

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90012 039 ***150.00



DO NOT WRITE IN THIS SPACE

0021601 AV

CR2E034 (9/01)