## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILE 01-19-2000-90101-013 \*\*\*158.75 DOCUMENT # P99000074411 00 AUG 28 AM 9:0600074411 1. Entity Name D'MARAS GROUP, INC. SEESE WAY OF STATE. TALLAMASSE, FLORIDA Principal Place of Business Mailing Address 3411 ASHLING DRIVE 3411 ASHLING DRIVE LAKELAND FL 33803 LAKELAND FL 33803-5202 しひひひちちおお 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State Not Applicable Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSHALL, DAVID W Street Address (P.O. Box Number is Not Acceptable) 3411 ASHLING DRIVE LAKELAND FL 33803 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) and when the state of र हिंदिका FILE NOW!!LIFEE IS \$150.00 Life at 3 to 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 a call Trust Fund Contribution. A Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TILE Marshall David W. NAME MARSHALL DAVID W NAME 3411 Ashling Drive **404 EMERALD COVE LOOP** STREET ADDRESS STREET ADDRESS Lakeland FL 33803 CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33813 FT Change ☐ Addition TITLE ☐ Delete TITLE MARSHALL SANDY M NAME Marshall, Sandy M NAME 3411 Ashling Driv STREET ADDRESS 404 EMERALD COVE LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL-33813-------Change ■ Addition Delete TITLE TITLE WALKER, AIMEE A NAME NAME STREET ADDRESS STREET ADDRESS 6096 CORAL BAY RD. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 Delete MLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP [] Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TT Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-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 Director, Secretary/Treasurer