

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90257 035 ***150.00

DOCUMENT # P99000089583

i. Entity Name

DOMINION INTERNATIONAL GROUP, INC.

Principal Place of Business

Mailing Address

1445 S.E. VILLAGE DR. STE 1-A
 PORT ST LUCIE FL

1445 S.E. VILLAGE DR. STE 1-A
 PORT ST LUCIE FL

639016

2. Principal Place of Business

3. Mailing Address

1019 Holbrook Ct
 Suite, Apt. #, etc.
 B-3

1019 Holbrook Ct
 Suite, Apt. #, etc.
 B-3

City & State
 Pt St Lucie FL

City & State
 Pt St Lucie FL

4. FEI Number

Applied For

Not Applicable

Zip
 34952

Country
 USA

Zip
 34952

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBERT, ROBERT C
 2247 PALM BEACH LAKES BLVD STE 237
 WEST PALM BEACH FL 33409

Name

G. STEVENS LYSHOIN

Street Address (P.O. Box Number is Not Acceptable)

1901 S. INDIAN RIVER DR
 City FT. PIERCE FL Zip Code 34950

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRES	G. STEVENS LYSHOIN	1901 S. INDIAN RIVER DR.	FT. PIERCE, FL. 34950	<input type="checkbox"/>
V.P.	LOUISE G. LYSHOIN	1901 S. INDIAN RIVER DR.	FT. PIERCE, FL. 34950	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 561-337-3398