2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$34318** 1. Entity Name D&M PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address 1310 NORTH HAVERHILL ROAD 1310 NORTH HAVERHILL ROAD WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent DAVIS, ZELL, JR. 515 N. FLAGLER DRIVE STE. 700 WEST PALM BEACH FL 33401 City 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 title if applicable

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

LIGHTFOOT, DANIEL R.

1310 N. HAVERHILL ROAD

LIGHTFOOT, M. MELODY

1310 N. HAVERHILL ROAD

WEST PALM BEACH FL 33417

WEST PALM BEACH FL 33417

Tax filing requirement and elects to do so.

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

THEF NAME STREET ADDRESS

TITLE NAME

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NAME STREET ADDRESS

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-7IS

STREET ADDRESS

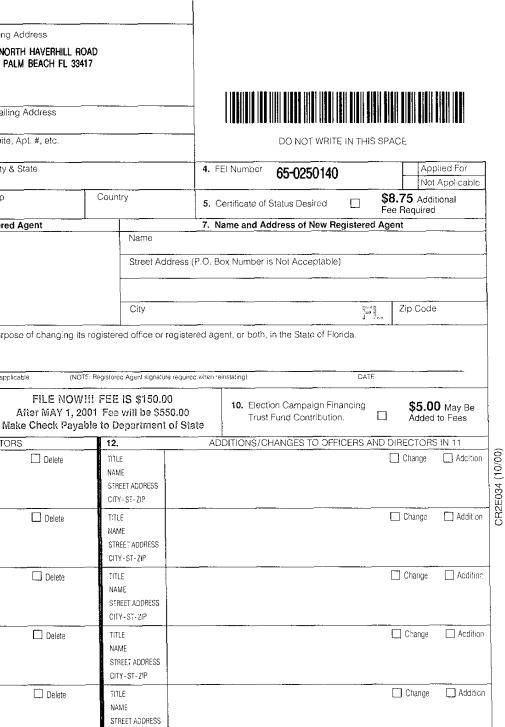
STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

FILED Apr 27, 2001 8:00 am Secretary of State

04-27-2001 90302 047 ***150.00



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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

OFFICER OR DIRECTOR

2-24-01 561-689-4302

☐ Change

Addition