FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State **DOCUMENT # S81087** 1. Entity Name **D&M EXPORTIM CORPORATION** 05-14-2001 90124 001 \*\*\*150.00 05-14-2001 90124 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address PO BOX 7069 PO BOX 7069 SUN CITY FL 33586 SUN CITY FL 33586 4 tac 2. Principal Place of Business 3. Mailing Address 541 TIPLUIUG 9.0. Boy 7069 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3086519 71. sia l Not Applicable Hills6 \$8.75 Additional 33 586 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent RUECK. DANECKI, HENRY Street Addre 541 FLAMINGO DR APOLLO BEACH FL 33572 City submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE ☐ Delete DANECKI, HENRY J NAME NAME : STREET ADDRESS 541 FLAMINGO DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33570 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DANECKI, ANDREW H. NAME NAME STREET ADDRESS 541 FLAMINGO DRIVE STREET ADDRESS CITY-ST-ZIP APOLLO BEACH FL 33570 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY; ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trusted 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:

SIGNATURS AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/25/01 8

813-645-1189 Ex. 23

Daytime Phone #