2000 UNIFORM BUSINESS REPORT (UBR) **FILED** .4030-**DOCUMENT # V26100** May 03, 2000 8:00 am Secretary of State 1. Entity Name DM FINANCIAL, INC. 05-03-2000 90117 016 ***150.00 Mailing Address Principal Place of Business 240 SOUTH PINEAPPLE AVENUE 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR 10TH FLOOR **SARASOTA FL 34236-6717** SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address P. O. Box 49948 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0324302 34230-6948 Sarasota, FL Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П 34230-6948 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAND, David S. PROCTOR, REBECCA Street Address (P.O. Box Number is Not Acceptable) 240 S PINEAPPLE AVE <u> 240 S. Pineapple Avenue</u> 10TH FLOOR 10th Floor SARASOTA FL 34230 City Sarasota of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity David S. Band 4/20/00 (NOTE: Registered Agent signature required when reinstating) DATE stered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Addition O. 12 . 1. 17 . 1 TITLE BAND, DAVID S. NAME NAME 240 S. PINEAPPLE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SARASOAT FL X Addition □ Change D X Delete TITLE TITLE COLLIER, RONALD L. BAND, Myrna L. NAME NAME STREET ADDRESS 240 S. PINEAPPLE AVE. STREET ADDRESS 240 S. Pineapple, 10th Floor CITY-ST-7IP CITY-ST-ZIP SARASOTA FL Sarasota FL 34236 ☐ Change Addition Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7iP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change Addition TITLE NAME NAME

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 true 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 than address.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Band

4/20/00

941/366-6660

Daytime Phone #