2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # V26100 1. Entity Name DM FINANCIAL, INC. 05-12-2001 90009 031 ***150.00 4030-1 Principal Place of Business Mailing Address 240 SOUTH PINEAPPLE AVENUE P.O. BOX 49948 10TH FLOOR SARASOTA FL 34230 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt., #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0324302 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAND, DAVID S Street Address (P.O. Box Number is Not Acceptable) 240 S PINEAPPLE AVE 10TH FLOOR SARASOTA FL 34230 ^{Zip}34236 pose of changing its registered office or registered agent, or both, in the State of Florida David S. Band, Registered Agent (NOTE: Registered Agr 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Delete TITLE BAND, DAVID S NAME NAME 240 S PINEAPPLE, 10TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 XX Delete ☐ Change XX Addition TITLE TITLE COLLIER, RONALD L. NAME NAME BAND, MYRNA L. 240 S. PINEAPPLE AVE. STREET ADDRESS STREET ADDRESS 240 S. Pineapple Avenue - 10th FL CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Sarasota, FL 34236 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-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 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. mpowered.

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TITLE

David S. Band, Director 4/16/01

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