

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53433

1. Entity Name

DMI GROUP, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90796 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2710 N W 88TH TERRACE  
CORAL SPRINGS FL 33065-5353  
US

2710 N W 88TH TERRACE  
CORAL SPRINGS FL 33065-5353  
US

2. Principal Place of Business

9400 SE. POINT TERRACE  
Suite, Apt. #, etc.

3. Mailing Address

9400 SE. POINT TERRACE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JUPITER, FLORIDA

City & State

JUPITER, FLORIDA

4. FEI Number

65-0361608

Applied For

Not Applicable

Zip

33469

Country

USA

Zip

33469

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

GODSHALL, DAVID F.  
9400 S E POINT TERRACE  
JUPITER FL 33469

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	GODSHALL, DAVID F.	
STREET ADDRESS	9400 S E POINT TERRACE	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PALMER, MATHEW, JR.	
STREET ADDRESS	2710 NW 88 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALMER, JOSEPHINE C.	
STREET ADDRESS	2710 NW 88 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GODSHALL PATRICIA P	
STREET ADDRESS	9400 S E POINT TERRACE	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

*(Signature)*

DAVID F. GODSHALL (PRES.)

3/18/00

(561) 748-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)