2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55476

1. Entity Name

DIVERSIFIED TRAFFIC MANAGEMENT, INCORPORATED



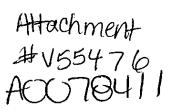
FILED Sep 15, 2000 8:00 am Secretary of State

09-15-2000 90015 040 ***150.00

Principal Place of Business Mailing Address 3501 SAND DOLLAR CT. 3501 SAND DOLLAR CT. ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095

2. Principal Pl	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. 1	FEI Number 59-3134206			Applied For Not Applicable	
Zip Country			Zip	ry	5. Certificate of Status Desired S8.7			8.75 Addee Require	75 Additional Required		
1	6. Name	and Address of Current Re	gistered Agent	-	Ness	7. !	Name and Address of New Reg				
DILLAHAY, EVERETT B 3501 SAND DOLLAR CT. ST. AUGUSTINE FL 32095					Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
8. The above	named entit	y submits this statement for th	ne purpose of changing its	registere	d office or re	gistered ag	ent, or both, in the State of Florid	a.	•		
SIGNATURE _	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature r	required when re	einstating)	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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$75 Make Check Payable to Department of St				10. Election Campaign Finan Trust Fund Contribution.	cing		May Be	
11.		OFFICERS AND DI		12.		AD	DITIONS/CHANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3501 SA	Y, EVERETT B. ND DOLLAR CT. USTINE FL	Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3501 SA	Y, EVERETT B ND DOLLAR CT. USTINE FL	☐ Delete					l	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	-		Delete		~				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete .						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS ST-ZIP		119 07/3Vi) Florida Statutes I fi		Change	Addition	

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



D.T.M., INC. 3501 Sand Dollar Ct. Saint Augustine, FL. 32095

To Whom It May Concern:

Per my coversation with your office, this letter is to advise you that I did not receive the First request for the 2000 Uniform Business Report.

As directed I am enclosing a check for \$150.00 and will await your decision.

Thank you,

Everett B. Dillahay