

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66360

1. Entity Name  
DM SYSTEMS, INC.

Principal Place of Business  
3000 TURTLE GAIT LN  
SANIBEL FL 33957

Mailing Address  
PO BOX 871  
SANIBEL FL 33957

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

OWENS, DAVID A  
C/O ISLAND FINANCIAL  
695 TARPON BAY ROAD #5  
SANIBEL FL 33957

4. FEI Number 65-0191578 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE P  
NAME WEBBER, DAVID  
STREET ADDRESS 3000 TURTLE GAIT LN  
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE S  
NAME WEBBER, MARY  
STREET ADDRESS 3000 TURTLE GAIT LN  
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE T  
NAME OWENS, DAVID A  
STREET ADDRESS 695 TARPON BAY RD #5  
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4 TODS DRIFTWAY  
CITY-ST-ZIP OLD GREENWICH, CT 06870

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4 TODS DRIFTWAY  
CITY-ST-ZIP OLD GREENWICH, CT 06870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90053 020 \*\*\*550.00

000064360



DO NOT WRITE IN THIS SPACE

0131666 AT

CR2E034 (5/01)

8/10/01 203-637-1158  
Date Daytime Phone #