

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90030 035 \*\*\*158.75

**DOCUMENT # P00000068583**

1. Entity Name  
**DSDM US INC.**

Principal Place of Business  
**9626 NORTH MILITARY DRIVE  
 PALM BEACH GARDENS FL 33410**

Mailing Address  
**9626 NORTH MILITARY DRIVE  
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business  
**321 SE 3rd Street**

3. Mailing Address  
**321 SE 3rd Street**

Suite, Apt. #, etc.  
**F-19**

Suite, Apt. #, etc.  
**F-19**

City & State  
**Gainesville FL**

City & State  
**Gainesville, FL**

Zip  
**32601**

Country  
**US**

Zip  
**32601**

Country  
**US**

4. FEI Number  
**Applied for**

Applied For  
 Not Applicable

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

~~CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525~~

Name **Margaret Runchey**  
 Street Address (P.O. Box Number is Not Acceptable)  
**321 SE 3RD STREET**  
**F-19**  
 City **Gainesville, FL** Zip Code **32601**

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 **Margaret Runchey** **Margaret Runchey, Pres** **4/27/01**  
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUCHEY, MARGARET</b> <b>9626 NORTH MILITARY DRIVE</b> <b>PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Margaret Runchey** **Margaret Runchey, Pres** **4/27/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **352-338-1593**

CR2E034 (10/00)