

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000040451
Entity Name DMS Enterprises of Sarasota, Inc.

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90151 037 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1623 Desoto Rd.</u> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Sarasota, Fl.</u>		City & State 	
Zip <u>34234</u>	Country 	Zip 	Country
4. FEI Number <u>65-1102066</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name David M. Sullivan
Street Address (P.O. Box Number is Not Acceptable)
7442 Castle Drive
City Sarasota FL Zip Code 34240

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P/T/S/D</u> <u>David M. Sullivan</u> <u>7442 Castle Dr.</u> <u>Sarasota, Fl. 34240</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David M. Sullivan
Signature and typed or printed name of signing officer or director

04/23/02 941-358-8606
Date Daytime Phone #