

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000014240**

1. Entity Name

DMS CONSULTING GROUP, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90115 001 ***150.00

Principal Place of Business

**4325 N. LAKE ORLANDO PKWY
ORLANDO FL 32008**

Mailing Address

**4325 N. LAKE ORLANDO PKWY
ORLANDO FL 32008**

2. Principal Place of Business

495 Crosswind Drive

3. Mailing Address

495 Crosswind Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AMELIA ISLAND FL

City & State

AMELIA ISLAND FL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. FEI Number

59-3163090

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

Richard K. Speidel **Richard K. Speidel****1-4-01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPEIDEL, RICHARD	
STREET ADDRESS	4235 N LAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEIDEL, MARGARET M	
STREET ADDRESS	4325 N LAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERKEL, VICTOR A	
STREET ADDRESS	10726 JORDAN RAE LN	
CITY-ST-ZIP	CHARLOTTE NC 28277	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	495 Crosswind Drive	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	495 Crosswind Drive	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4395 BUNCOMBE RD, #701	
CITY-ST-ZIP	GREENVILLE, SC 29650	
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		
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:

Richard K. Speidel **RICHARD K. SPEIDEL****1-4-01****904-491-5654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0447664

CR2E034 (10/00)