

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071581

1. Entity Name
D.M.S. SPECIALTIES INC.

Principal Place of Business

P.O. BOX 381114
MURDOCK FL 33938

Mailing Address

P.O. BOX 381114
MURDOCK FL 33938

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0865098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROVES, DEBORAH L
2162 ABALOM ST.
PORT CHARLOTTE FL 33980

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

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 \$550.00.
After SEPTEMBER 13, 2000 Min. 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 VPST
NAME ABBOTT, MARY
STREET ADDRESS 2162 ABALOM ST
CITY-ST-ZIP PT CHARLOTTE FL 33980 ☐ Delete

TITLE V
NAME NELEY, SHERRY L
STREET ADDRESS 1043 CANAL TERR
CITY-ST-ZIP PT CHARLOTTE FL 33948 ☒ Delete

TITLE P
NAME GROVES, DEBORAH
STREET ADDRESS 2162 ABALOM ST
CITY-ST-ZIP PT CHARLOTTE FL 33980 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

Date

8/23/00 941-7640559

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

Attachment
DH# 99800071587
00081355

D. M. S. Specialties Inc.

P.O. Box 381114
Murdock, Florida 33938

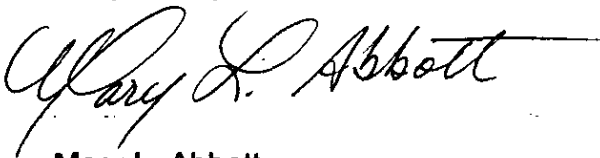
Florida Department of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

August 23, 2000

To Whom It May Concern:

We are a small family corporation, and haven't done any business this year do to an illness in our family. We are sure that we sent our Uniform Business Report in on the 23rd of April 2000. We have no prove of that because we don't have the cancelled check. We are not quite sure what happened to it, but we are sure it was sent. Our guess is only that it was lost in the mail. Again we have no clue, but we are sending a replacement check in hopes that you will except this as payment for our corporate fee. We thank you in advance for any help you can give us in this matter.

Respectfully,



Mary L. Abbott
Vice President