

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90075 019 ***150.00

DOCUMENT # P98000108192

1. Entity Name

DMS SUPPLY, INCORPORATED

Principal Place of Business

**4513 PONKAN ROAD
APOPKA FL 32712**

Mailing Address

**P.O. BOX 306
PLYMOUTH FL 32712-2363**

LU010832

2. Principal Place of Business

1232 Rock Springs Rd #14

3. Mailing Address

1232 Rock Springs Rd



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

#14

Suite, Apt. #, etc.

#14

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3550396

Applied For

Not Applied

Zip

32712

Country

Orange

Zip

32712

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, SABINA
4513 PONKAN ROAD
APOPKA FL 32712**

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 \$150.00
After MAY 1, 2000 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

TITLE **DP** ☐ Delete

NAME **JOHNSON, SABINA**
STREET ADDRESS **4513 PONKAN ROAD**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DV** ☐ Delete

NAME **FOREMAN, MEEKS**
STREET ADDRESS **420 KILLARNEY BAY CT**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 921-4444