# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072163

1. Entity Name

DMS SALES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 14404 NOTTINGHAM WAY CIR<br>ORLANDO FL 32828 | 14404 NOTTINGHAM WAY CIR<br>ORLANDO FL 32828 |

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

City & State

3. Mailing Address

City & State

4. FEI Number 65-0939507 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEDMAN, MARY ELLA
~~1501 OCEAN BAY DR, UNIT 12~~
~~KEY LARGO FL 33037~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 14404 NOTTINGHAM WAY CIR

City ORLANDO FL Zip Code 32828

8. The above designation is hereby submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Mary Ella Stedman (Registered Agent signature required when reinstating) 3/29/01 Date

9. This organization elects to satisfy its intangible tax filing requirement and elects to do so (See other side) ☐

**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

| | | |
|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>STEDMAN, DENIS<br>14404 NOTTINGHAM WAY CIR<br>ORLANDO FL 32828 | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 500005556915-1<br>-05/17/02--01031--021<br>****150.00 ****150.00 | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4/29/02 | ☐ Change ☐ Add |

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 changed, or on an attachment with an address, with all other like empowered.

4/29/02 407-482-861