## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$40521** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** DMSC INC. 01-19-2000 90101 020 \*\*\*150.00 Principal Place of Business Mailing Address 815 EYRIE DRIVE 815 EYRIE DRIVE SUITE 1C SUITE 1C OVIEDO FL 32765 OVIEDO F 32765-8299 US US 2. Principal Place of Business 3. Mailing Address 20 Alexandria Blut DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3066451 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -Name and Address of Current Registered Agent RADULSKI, TODD C. 2923 LOWERY DRIVE OVIEDO FL 32765 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both cent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Delete TITLE RADULSKI, TODD C. NAME NAME 502 Sonata Court STREET ADDRESS STREET ADDRESS 2923 LOWERY DRIVE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.