FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099146

1. Entity Name
DVS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 190402 INVERRARY, FL 33319	P.O. BOX 190402 INVERRARY, FL 33319

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4846 N. University Dr	4846 N. University Dr
Suite, Apt #, etc. #376	Suite, Apt #, etc. #376
City & State Lauderhill, FL	City & State Lauderhill, FL
Zip 33351-4510 Country USA	Zip 33351-4510 Country USA

4. FEI Number 54-2077510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, PATRICK
6614 RAQUET CLUB DR
LAUDERHILL, FL 33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE NOW $150.00 After May 1, 2003 Fee Will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, PATRICK P.O. BOX 190402 INVERRARY, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/29/03 (954) 802-2021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #