

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90280 039 ***150.00

DOCUMENT # P00000034016

1. Entity Name
D H S MED. TRANS., INC

Principal Place of Business

**76 BERWICK CIRCLE
 SHALIMAR FL 32579**

Mailing Address

**76 BERWICK CIRCLE
 SHALIMAR FL 32579**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3642768**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STROMSNESS, KAREN A
 59 FRIENDLY LANE
 SHALIMAR FL 32579**

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, 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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SIMPSON, DEBORAH G**
 STREET ADDRESS **76 BERWICK CIRCLE**
 CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE **VSD** ☐ Delete
 NAME **SIMPSON, ROBERT W JR**
 STREET ADDRESS **76 BERWICK CIRCLE**
 CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02 850-609-1467

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#P000000 34016
123462

D H S MED. TRANS., INC
76 BERWICK CIRCLE
SHALIMAR, FL 32579-1519

1 August, 2002

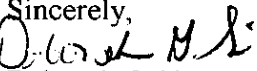
Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Katherine Harris,

Please accept the enclosed UBR fee of \$150.00 to bring the Corporation current.
I did not receive the Document for renewing as I was informed that it was due in May.
This is a closed Corporation and I am new at providing all the administrative functions
Required by the State.

I respectfully request that you consider the circumstances that I describe and
Grant the UBR fee of \$150.00.

Sincerely,



Deborah G Simpson-
President

Enc: Check \$150.00
2002 UBR