

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 279360

1. Entity Name

DSA GROUP, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90007 016 ***150.00

Principal Place of Business

Mailing Address

2005 PAN AM CIRCLE
TAMPA FL 33607

2005 PAN AM CIRCLE
TAMPA FL 33607-2359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1033790

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, CARLTON
2005 PAN AM CIRCLE
TAMPA FL 33607

Name JUDITH CORNEWS

Street Address (P.O. Box Number is Not Acceptable)
2005 PAN AM CIRCLE

576 500

City TAMPA

FL

Zip Code 33607

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 *Judith Cornews*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	BRYANT, KENNETH A.	2005 PAN AM CIRCLE	TAMPA FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>
SD	BROWN, CARLTON	2005 PAN AM CIRCLE	TAMPA FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>
D	ALEXANDER S. BYRNE	2005 PAN AM CIRCLE	TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>
D	SOFIA C. ROVIRA	2005 PAN AM CIRCLE	TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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: *Sofia C. Rovira* PRESIDENT / SOFIA C. ROVIRA

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/28/00

Date

(813) 873-1222

Daytime Phone #

CR2E034 (9/99)