

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90015 036 ***150.00

DOCUMENT # F00000000123

1. Entity Name
DL BUSINESS SYSTEMS, INC.

Principal Place of Business

**7280 WEST PALMETTO ROAD
 SUITE 307 NORTH
 BOCA RATON FL 33433**

Mailing Address

**7280 WEST PALMETTO ROAD
 SUITE 307 NORTH
 BOCA RATON FL 33433**

2. Principal Place of Business

**902 CLINT MOORE RD
 Suite, Apt. #, etc.
 SUITE 144**

**City & State
 BOCA RATON, FL**

**Zip Country
 33487**

3. Mailing Address

**902 CLINT MOORE RD
 Suite, Apt. #, etc.
 SUITE 144**

**City & State
 BOCA RATON, FL**

**Zip Country
 33487**

4. FEI Number
22-3321831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANDAU, DOUGLAS
 7280 WEST PALMETTO ROAD
 SUITE 307 NORTH
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

**Street Address (P.O. Box Number is Not Acceptable)
 17717 CIRCLE POND COURT**

City BOCA RATON FL Zip Code 33496

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  **2/2/02**
 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 \$150.00
 After May 1, 2002 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	CP	<input type="checkbox"/> Delete
NAME	LANDAU, DOUGLAS	
STREET ADDRESS	7280 WEST PALMETTO ROAD SUITE 307N	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANDAU, KRISTA	
STREET ADDRESS	7280 WEST PALMETTO ROAD SUITE 307N	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17717 CIRCLE POND COURT
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17717 CIRCLE POND COURT
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02

Date

Daytime Phone #

CR2E034 (9/01)