

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90167 035 \*\*\*150.00

DOCUMENT # F00000001741

1. Entity Name

DIGITAL BLACKSMITH, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15910 KNIGHTSBRIDGE

Suite, Apt. #, etc.

COURT

3. Mailing Address

1700 OLD DEERFIELD ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

HIGHLAND PARK, IL

4. FEI Number

93-1087773

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

60035

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GEORGE W. HULSEMAN

Street Address (P.O. Box Number is Not Acceptable)

15910 KNIGHTSBRIDGE COURT

City

FORT MYERS

FL

Zip Code

33908

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
HULSEMAN, GEORGE W.  
15910 KNIGHTSBRIDGE COURT  
FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VSD  
HULSEMAN, TERESA  
15910 KNIGHTSBRIDGE COURT  
FORT MYERS, FL 33908

TITLE  
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CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-03 239-415-4872

CR2E034B (12/01)