2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

F0100000038



## **FILED** Feb 24, 2003 8:00 am Secretary of State

S. Certificate of Status Desired   \$8.75 Additional Fee Required Repeated Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Name	1. Entity N	Name DDUSA NETWORK SERVIC	ES, INC.			02-24-2003 9020	)4 022 ***15	50.00
Silico, Apt. # olic.    City & State	6400 C ST	S.W.	PO BÖX 3177	106-3177		 	<b>                 </b>	18188 MJO (300 180)
City & State  City & State of Status Decisive  Since Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  City & FL Zip Code  Street Address (F.O. 8ox Number is Not Acceptable)  City & FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered dignet, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familier with, and acceptable in the obligations of registered agent, or both in the State of Florida. I am familier with, and acceptable in the obligation of registered agent, or both in the State of Florida. I am familier with, and acceptable in the obl	2. Principa	al Place of Business	3. Mailing Address	<del></del>				
City & State    City & State   City & State   Country   Zip   Country   Zip   Country   S. Certificate of Sietus Desired   S8.75 Acquitional Fee Required   S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent	Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IS M	AVINO CLIANO	.F.C
Not Applicate   Status Desired   St. 75 Addition   St. 75 Additi	City & St	tate	City & State	State		4. FEI Number 42-1407241 Applied For		
6. Name and Address of Current Registered Agent  C T CRPORATION SYSTEM 1200 SOUTH PINE (SLAND ROAD) PLANTATION FL 33324  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and scoep the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/OMANGES TO OFFICERS AND DIRECTORS IN 11  THE WARE ARRANGES OF STREET ADDRESS OFFI-SIZE PROBLEMS	Zip	Country	Zip	Country			¢0.75	Not Applicable Additional
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33224  City  City  FL  Zip Code  State Address (PO. Box Number is Not Acceptable)  DATE  City  FL  Zip Code  City  FL  Zip Code  City  Signature agents are agent, or both, in the State of Florida. Lam tamiliar with, and ecceptable of engineer agents are agent, or both, in the State of Florida. Lam tamiliar with, and ecceptable of engineer agent age		6. Name and Address of Curre	ent Registered Agent	<del>-                                    </del>			ີ Fee Requ	
Street Address (P.O. Box Number is Not Acceptable)	2 - 2 -			Nami	е	7. Name and Address of New Regist	ered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered agent.    Signature   Signature   Signature, speed or period name of registered agent accept the obligations of registered agent.	1200 SC	1200 SOUTH PINE ISLAND ROAD						
### Addition    Section	Planta' 	TION FL 33324			,			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	8. The abov	ve named entity submits this statement	for the purpose of changing it	i			FL Zip Co	ode
Separative, planed printed name of implanted agent and till of application. (NOTE Registered Agent a signature required when renationary)   DATE			-	is registered tillice	or registered	agent, or both, in the State of Florida.	l am familiar wit	h, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME GRAY, STEPHEN C 6400 C ST SW CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEBAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE NAME STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS COTY-ST-ZIP CHANGE CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS CITY-ST-ZIP CHANGE CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS CITY-ST-ZIP CHANGE CEDAR RAPIDS IA  11. ADDITIONS/CHANGES TO OFFICERS CITY-ST-ZIP CHANGE CEDAR RAPIDS IA	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent sign	Dature required wh	ien reinstatue)		
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Payable to Florida Department of State  10.		FILE NOW!!! FEE IS \$150.00				D D	ATE	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    PD	Afte	er May 1, 2003 Fee will be \$550.00	of State			Election Campaign Financing     Trust Fund Contribution.		.00 May Be
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I CHY OF 700   6400 C Street SW PO Roy 2177	- 1			_	G. Ken	neth Burckhardt		
2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 11507233. FIA. 52406-3177.				CITY-ST-ZIP	6400 C	Street SW, PO Box 3	177	

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 early; that the information 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

SIGNATURE:

SGNATUZE REQUIPTEDS
SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR E REQUIPIEMES E. Thompson, Secretary

2/17/03

319-790-6154 Daytime Phone #