

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90236 046 ***150.00

DOCUMENT # F01000004805

1. Entity Name
DIGITAL COMMUNICATIONS SERVICES, INC.

Principal Place of Business

812 N. OCEAN BLVD., #402
POMPANO BEACH FL 33062

Mailing Address

812 N. OCEAN BLVD., #402
POMPANO BEACH FL 33062

2. Principal Place of Business

2637 E. ATLANTIC BLVD
 Suite, Apt. #, etc.
212

3. Mailing Address

2637 E. ATLANTIC BLVD.
 Suite, Apt. #, etc.
212

City & State
POMPANO BEACH, FL.
 Zip
33062
 Country
BROWARD

City & State
POMPANO BEACH, FL.
 Zip
33062
 Country
BROWARD

4. FEI Number

61-1304636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JOE E
200 S.E. 127TH AVE UNIT 305
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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.

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 \$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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PCD
CAUDILL, BILLY B
812 N. OCEAN BLVD., #402
POMPANO BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
TRAPP, LINDA
6680 N.W. 105TH LANE
PARKLAND FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
COX, DAN
8223 RUSSET DRIVE
MAILEVILLE OH

☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)