

04-25-2003 90245 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000002356 1. Entity Name DSTS HOLDING, INC.		
Principal Place of Business 225 OSPREY COURT VERO BEACH, FL 32963		Mailing Address 225 OSPREY COURT VERO BEACH, FL 32963
2. Principal Place of Business 1701 HWY A1A Suite, Apt. #, etc. SUITE 304 City & State VERO BEACH FL	3. Mailing Address 1701 HWY A1A Suite, Apt. #, etc. SUITE 304 City & State VERO FL	11017231 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES
Zip 32963	Country INDIAN RIVER	4. FEI Number 01-0662235
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent F&L CORP. THE GREENLEAF BUILDING 200 LAURA STREET, 3RD FLOOR JACKSONVILLE, FL 32201-0240		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent's present account when registering)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCB SMICK, TIMOTHY S 225 OSPREY COURT VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDD SIMMONS, DANIEL 225 OSPREY COURT VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 HWY A1A, SUITE 304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 HWY A1A, SUITE 304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 HWY A1A, SUITE 304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 HWY A1A, SUITE 304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 HWY A1A, SUITE 304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.		
SIGNATURE: <u>Timothy S. Smick</u>		4-24-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		772-492-5002

TIMOTHY S. SMICK

CPRE004 (10/02)