

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90117 049 \*\*\*158.75

**DOCUMENT # F02000004175**



**1. Entity Name**  
DVS CONSULTING SERVICES, INC.

**Principal Place of Business**  
RR 1 BOX 552 EAST SANDVALLEY RD.  
RICHFIELD PA 17086

**Mailing Address**  
RR 1 BOX 552  
RICHFIELD PA 17086



**2. Principal Place of Business**  
5151 Adanson Street

**3. Mailing Address**  
5151 Adanson Street

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite 107

Suite 107

**City & State**  
Orlando, FL

**City & State**  
Orlando, FL

**Zip** 32804 **Country** USA

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**4. FEI Number** 23-2941021

**Applied For**  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

HULTIN, JONNI  
4100 EDGEWATER DR.  
ORLANDO FL 32804

**Name** Darlene Shade  
**Street Address (P.O. Box Number is Not Acceptable)** 1114 Carew Avenue  
**City** Orlando **FL** **Zip Code** 32804

**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** *Darlene Shade*

3/26/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	CPT	<input type="checkbox"/> Delete
<b>NAME</b>	SHADE, DARLENE V	
<b>STREET ADDRESS</b>	RR 1 BOX 552	
<b>CITY-ST-ZIP</b>	RICHFIELD PA 17086	
<b>TITLE</b>	VCVP	<input type="checkbox"/> Delete
<b>NAME</b>	SHADE, JESSE P	
<b>STREET ADDRESS</b>	RR 1 BOX 552	
<b>CITY-ST-ZIP</b>	RICHFIELD PA 17086	
<b>TITLE</b>	S	<input type="checkbox"/> Delete
<b>NAME</b>	SHADE, JESSE P	
<b>STREET ADDRESS</b>	RR 1 BOX 552	
<b>CITY-ST-ZIP</b>	RICHFIELD PA 17086	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1114 Carew Avenue	
<b>CITY-ST-ZIP</b>	Orlando, FL 32804	
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1114 Carew Avenue	
<b>CITY-ST-ZIP</b>	Orlando, FL 32804	
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1114 Carew Avenue	
<b>CITY-ST-ZIP</b>	Orlando, FL 32804	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 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

3/26/03

Date

407-765-2242

Daytime Phone #

CR2E034 (10/02)