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

## DOCUMENT # F28252

1. Entity Name DSES, INCORPORATED



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

04-24-2003 90219 010 \*\*\*150.00

Principal Place of Business   Copy March 1   Copy March 1   Copy March 2   Copy							OD WE				
2. Principal Place of Business  Suite. Apt. F. etc.  City & Suse  City & Suse  Country  Exp. Country  S. Certificate of Suitus Dusinos I Sept. Suite Replicable  Fine Replicable  Fine Replicable  Fine Replicable  Fine Replicable  Fine Replicable  Suite. Address of Current Registered Agent  TUTHILL, MLES CAPROLL  7-01-B TEMPLE TERRACE HWY  TAMPA F. 33817  City Country  Suite Applicable  The aboven name of critisy submits this distinguish for the purpose of charging its registered office or registered spent, or both, in the State of Finds. I am filterities with, and address of the suitable of the su	C/O MILES CARROL TUTHILL 7401 TEMPLE TERRACE HIGHWAY. STE. B TAMPA FL 33617				C/O MILES CARROLL TUTHILL PO BOX 16422 TEMPLE TERRACE FL 33617-3826						
City & State  Ci	2. Principal P	lace of Busin	ess	3. Mailing Address							
Signature   Sign	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent  TUTHILL, MILES CARROLL 7-01-B TEMPLE TERRACE HWY TAMPA FL 33617  8. The above named entity submits this salesgent for the purpose of changing its registered differ or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of implatment agent and their applicable.  SIGNATURE SIGNATUR	City & State			City & State					59=219/51/		
TUTHILL, MILES CARROLL 7401-B TEMPLE TERRACE HWY TAMPA FL 33617  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 chipgalions of projected agent.  SIGNATURE	Zip Country			Zip Co			ountry		5. (		
TUTHILL, MILES CARROLL 740+B TEMPLE TERRACE HWY TAMPA FL 33617  6. The above named entity submits this statement for the purpose of changing its registered difference registered agent, or both, in the State of Forda. Lem familiar with, and accept the obligations of ingistered agent.  **SIGNATURE**  **SIGN		6. Name	and Address of Current	Registere	jistered Agent				7. Name and Address of New Registered 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 familiar with, and accept the obligations of projectored agent.    Notice   Notic	7401-B TE	MPLE TER			green or many to the control of the			707 35	- РО.В	Miles Carroll  Boylumber Hot Acceptable) IIS Drive	
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	On To Code										
SIGN_TUTE Signation of tregistered agent.    Note	8. The above	named entit	submits this statement for	r the purp	ose of changing its	registere	d office or	register	d ag	gent, or both, in the State of Florida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2P  TIT							١.		Ū		
After May 1, 2003 Fee will be \$550.00 May Make Check Payable to Florida Department of State  10.	SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app		: Registered	Agent signatur	e required	when re		
TITLE NAME TYPITHILL. MILES CARROLL 7401-8 TEMPLE TERRACE HWY TAMPA FL 33617  TITLE NAME TITLE NAME TOURS STREET ADDRESS CITY-ST-2PP TOUR STREET ADDRESS CITY-ST-2PP TOUR STREET ADDRESS CITY-ST-2PP TOUR STREET ADDRESS CITY-ST-2PP TITLE NAME TOUR-ST-2PP	After May 1, 2003 Fee will be \$550.00 Struct Fund Contribution Added to Fees									<del> </del>	
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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 libe appowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #