

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000249

1. Entity Name

DFS INTERNATIONAL, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90120 005 ***150.00

Principal Place of Business

Mailing Address

7151 LAKE ELLENOR DR.
ORLANDO FL 32809
US

7151 LAKE ELLENOR DR.
ORLANDO FL 32809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3139424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MESHOVER, STEPHEN	
STREET ADDRESS	7151 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATRICK, JOSEPH	
STREET ADDRESS	FARNHAM TRADING ESTATE	
CITY-ST-ZIP	FARNHAM, SURREY ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBON, ROBERT M	
STREET ADDRESS	LEIGHWOOD ROAD	
CITY-ST-ZIP	ALDRIDGE WALSALL UK W598D	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEGNER, LOUIS	
STREET ADDRESS	7151 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRABEN, BRUCE	
STREET ADDRESS	2201 REGENCY RD	
CITY-ST-ZIP	LEXINGTON KY 40503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW WRIGHT	
STREET ADDRESS	FARNHAM TRADING ESTATE	
CITY-ST-ZIP	FARNHAM, SURREY, ENGLAND	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-10

407-858-9848

CR2E034 (9/99)