

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

06-25-2001 90252 012 \*\*\*150.00

DOCUMENT # F94000000249

1. Entity Name

DFS INTERNATIONAL, INC.

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

7803 Southland Blvd  
 Suite, Apt. #, etc.  
 Suite 203

7803 Southland Blvd

City & State

City & State

Orlando, FL

Zip

Orange

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, 2001 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	P WRIGHT, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS	FARNHAM TRADING ESTATE	
CITY-ST-ZIP	FARNHAM, SURREY, ENGLAND	
TITLE NAME	VP PATRICK, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	FARNHAM TRADING ESTATE	
CITY-ST-ZIP	FARNHAM, SURREY ENGLAND	
TITLE NAME	D GIBBON, ROBERT M	<input type="checkbox"/> Delete
STREET ADDRESS	LEIGHWOOD ROAD	
CITY-ST-ZIP	ALDRIDGE WALSALL UK W598D	
TITLE NAME	VP STEGNER, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS	7151 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	VTS GRABEN, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS	2201 REGENCY RD	
CITY-ST-ZIP	LEXINGTON KY 40503	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP SAVED STEGNER, LOUIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7803 SOUTHLAND BLVD SUITE 203	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Louis G. Stegner*

LOUIS G. STEGNER

4-30-01

407-858-9848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)