

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G19708**

1. Entity Name

DIGITAL STANDARD, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90019 008 ***158.75

Principal Place of Business

Mailing Address

P O BOX 15348
TALLAHASSEE FL 32317-348
USP O BOX 15348
TALLAHASSEE FL 32317-5348
US

B0017893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1318

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1318

Suite, Apt. #, etc.

City & State

Carrabelle, Fl.

City & State

Carrabelle, Fl.

4. FEI Number

59-2261061

Applied For

Not Applicable

Zip

32322

Country

USA

Zip

32322

Country

USA

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

FINN, RAYMOND R
C/O JIM SPOONHOUR LDDKR
215 N EOLA DR
ORLANDO FL 32802

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 State10. 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
NAME

PSTD

FINN, RAYMOND R

☐ DeleteSTREET ADDRESS
CITY-ST-ZIP

P O BOX 15348 N/A

TALLAHASSEE FL 32317-5348

TITLE
NAME☒ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPP.O. Box 1318 N/A
Carrabelle, Fl. 32322TITLE
NAME☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
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NAME☐ Change ☐ AdditionSTREET 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:

Raymond R. Finn, President 02-02-00 850-309-0619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #