

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90657 041 ***158.75

DOCUMENT # G66113

1. Entity Name
D. R. S. PROPERTIES, INC.



Principal Place of Business
**895 BRISBANE STREET N.E.
PALM BAY FL 32907**

Mailing Address
**895 BRISBANE STREET N.E.
PALM BAY FL 32907**

60013860



2. Principal Place of Business
895 BRISBANE ST. N.E.

3. Mailing Address
SAME

Suite, Apt. #, etc.
NA

Suite, Apt. #, etc.
NA

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BAY FL.

City & State
SAME

4. FEI Number
59-2357630

Applied For
Not Applicable

Zip
32907

Country
USA

Zip
SAME

Country
SAME

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

**EVANS, DONALD
895 BRISBANE ST. NE
PALM BAY FL 32907**

Name
N.A.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NA**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
EVANS, DONALD
895 BRISBANE ST. NE
PALM BAY FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N.A. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

DONALD W. EVANS P.S.D.

SIGNATURE: **Donald W. Evans**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 321 725 7370

Date Daytime Phone #

CR2E034 (10/02)