## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2002 8:00 am Secretary of State DOCUMENT # H37417 1. Entity Name 05-23-2002 90041 024 \*\*\*150.00 DERB'S DIGITAL ELECTRONIC SERVICES, INC. Principal Place of Business Mailing Address % CHARLES W. DERBY % CHARLES W. DERBY 2101-B SUNNYDALE BLVD. 2101-B SUNNYDALE BLVD. **CLEARWATER FL 33765 CLEARWATER FL 33765** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3001582 Not Applicable Country \$8.75 Additional = 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAZAN DERBY, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 1000 ROBMAR ROAD **DUNEDIN FL 34698** City Zip Code しんぼひいん 34698 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 regis (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Chance ☐ Addition NAME DERBY, CHARLES W. NAME STREET ADDRESS 1000 ROBMAR ROAD STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL** CiTY-ST-7IP TITLE **VSD** ☐ Delete PTD TITLE Change Change Addition NAME SALAZAR, ANA L NAME SALAZAR ANA L STREET ADDRESS 1906 DEL ORO CT STREET ADDRESS 1906 DELOND CT CITY-ST-ZIP DUNEDIN FL CITY-ST-ZIP DUNEDIN, TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

13. Thereby 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 or page 150 per 150 p ment with an address, with all other

STREET ADDRESS

CITY-ST-782

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

(9/04)