

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 91148 026 \*\*\*150.00

0493308 AV

**DOCUMENT # H37417**

1. Entity Name  
**DERB'S DIGITAL ELECTRONIC SERVICES, INC.**



Principal Place of Business  
**% CHARLES W. DERBY**  
**2101-B SUNNYDALE BLVD.**  
**CLEARWATER FL 33765**  
**US**

Mailing Address  
**% CHARLES W. DERBY**  
**2101-B SUNNYDALE BLVD.**  
**CLEARWATER FL 33765**  
**US**



2. Principal Place of Business  
**% ANA L SALAZAR**

3. Mailing Address  
**% ANA SALAZAR**

Suite, Apt. #, etc.  
**2101-B SUNNYDALE BLVD**

Suite, Apt. #, etc.  
**2101-B SUNNYDALE BLVD**

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

4. FEI Number **36-3001582**

Applied For  
Not Applicable

Zip  
**33765**

Country  
**U.S.**

Zip  
**33765**

Country  
**U.S.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SALAZAR, ANA L**  
**1906 DEL ORO CT**  
**DUNEDIN FL 34698**

**7. Name and Address of New Registered Agent**

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

SIGNATURE

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD**  
**DERBY, CHARLES W.**  
**1000 ROBMAR ROAD**  
**DUNEDIN FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD**  
**SALAZAR, ANA L.**  
**1906 DEL ORO CT**  
**DUNEDIN FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Ana L Salazar*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/30/03**  
Date

**(727) 443-0827**  
Daytime Phone #

05/01/2003