

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90096 024 ***150.00

DOCUMENT # H87606

1. Entity Name

DSC SALES, INC.

Principal Place of Business

115 FOREST LAKES BLVD
 OLDSMAR FL 34677
 US

Mailing Address

P O BOX 2123
 OLDSMAR FL 34677-7123
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2637552

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIPSEY, LESLIE R
1754 STABLE TR
PALM HARBOR FL 34685

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.

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 State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** Delete
 NAME **LIPSEY, LESLIE L.**
 STREET ADDRESS **1754 STABLE TR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **SDT** Delete
 NAME **WANZIE, LAUREN**
 STREET ADDRESS **10241 INDIAN MOUND DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **DV** Delete
 NAME **SHATTUCK, GREGORY L**
 STREET ADDRESS **1621 GULF BLVD UNIT 1106**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** Delete
 NAME **LIPSEY, LESLIE L**
 STREET ADDRESS **1127 ROYAL TROON CT**
 CITY-ST-ZIP **TARPON SPRING FL 34689**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Change Addition
 NAME **Lipsey, Leslie R.**
 STREET ADDRESS **1754 Stable Trail**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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:

Leslie R. Lipsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leslie R. Lipsey, President

4/27/00

Date

813-854-3131

Daytime Phone #