

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90387 044 \*\*\*150.00

0420589 AV

**DOCUMENT # J57367**

1. Entity Name

**D. A. SERVICE, INC.**



Principal Place of Business  
**3708 GEORGIA AVE  
WEST PALM BEACH FL 33405  
US**

Mailing Address  
**1410 S FEDERAL HWY.  
SUITE #308  
LAKE WORTH FL 33460  
US**

2. Principal Place of Business

3. Mailing Address

**312 PINE RIDGE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT. A2**

City & State

City & State

**GREENACRES, FL**

Zip

Country

Zip

Country

**33463**

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2784722**

Applied For

Not Applicable

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

**FITZELL, ARTHUR  
1410 S FEDERAL HWY #308  
LAKE WORTH FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

**312 PINE RIDGE CIR. A-2**

City

**GREENACRES**

FL

Zip Code

**33463**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **FITZELL, DORIS**  
STREET ADDRESS **1410 S FEDERAL HWY, #308**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☒ Change ☐ Addition  
NAME **312 PINE RIDGE CIR. A2**  
STREET ADDRESS **GREENACRES, FL 33463**  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **FITZELL, DORIS**  
STREET ADDRESS **1410 S FEDERAL HWY, #308**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☒ Change ☐ Addition  
NAME **312 PINE RIDGE CIR A2**  
STREET ADDRESS **GREENACRES, FL 33463**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FITZELL, KEVIN**  
STREET ADDRESS **4290 ROYAL BANYAN WAY, #8**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Doris Fitzell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DORIS FITZELL**

Date

**4/28/03**

Daytime Phone #

**(561) 588-1213**

CR2E034 (10/02)