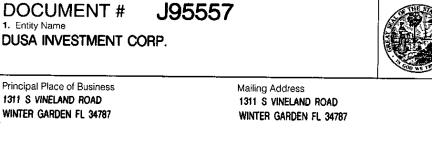
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)





02-28-2003 90159 032 \*\*\*150.00

DUSA IN	IVESTMENT CORP.									
Principal Place of Business 1311 S VINELAND ROAD WINTER GARDEN FL 34787 Mailing Address 1311 S VINELAND ROAD WINTER GARDEN FL 34787			-							
*2. Principal	Place of Business	3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	_				
City & Sta	***	City & Chan				☐ CHECK HERE IF MAKING CHANGES				
Oily & State		City & State			4. FEI Number 59-2849075 Applied For Not Applicable					
Zip Country		Zip	Zip Coun		5.	Certificate of Status Desired		8.75 Ad	iditional	
	6. Name and Address of Current I	Registered Agent			7. 1	Name and Address of New Reg		•	<del></del>	
ROBERT A. DAVIS				Name						
	JTH VINELAND RD.			Street Address	(P.O. B	Box Number is Not Acceptable)				
SUITE A				<u> </u>		11				
WINTER (	GARDEN FL 34787			City			FL	Zip Cod	 Je	
8. The above	e named entity submits this statement for	the purpose of changing i	its registere	ed office or registe	ered an	ent or both in the State of Floric		miliar with	and agent	
the obligation	tions of registered agent.			a omee or region	nou ag	one, or both, in the state of hone	ia. Laillia	maa waa,	ани ассері	
SIGNATURE										
<del>-</del>	Signature, typed or printed name of registered agent a			1 Agent signature require	d when re	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				Election Campaign Finan     Trust Fund Contribution.	cing		00 May Be d to Fees	
10.	OFFICERS AND DIRECTORS				AD	L DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUEREN, WOLFGANG 1311 S VINELAND RD RR 1 WINTER GARDEN FL	☐ Delete			2		Į.	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT A. 1311 S VINELAND RD RR 1 WINTER GARDEN FL	☐ Delete		i i			[	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	- water - market .	Delete	NAME STREE	T ADDRESS ST-ZIP	<del></del>	Control of the Contro		: Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			С	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			C	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with the	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP				] Change	Addition	

inereby 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 will an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR