

02 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015978

1. Entity Name

UNIVERSAL TELESERVICES ARIZONA, LLC

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90005 017 *****50.00

0021143

Principal Place of Business

2100 CONSTITUTION BLVD., STE. 115
SARASOTA FL 34231-4146

Mailing Address

2100 CONSTITUTION BLVD., STE. 115
SARASOTA FL 34231-4146

2. Principal Place of Business

3. Mailing Address

PO Box 3319
Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34230

4. FEI Number

52-2284140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, JOANNE
2100 CONSTITUTION BLVD., STE. 115
SARASOTA FL 34231-4146

Name Joanne Russell

Street Address (P.O. Box Number is Not Acceptable)
2100 Constitution Blvd. # 115

City Sarasota

FL

Zip Code 34242

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

Joanne Russell

2-4-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DR HOLDING, LLC
STREET ADDRESS 2100 CONSTITUTION BLVD., STE. 115
CITY-ST-ZIP SARASOTA FL 34231-4146 ☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joanne Russell

2-4-02 941-724-0335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)