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2002 UNIFORM BUSINESS REPORT (UBR)							FILED ^{05-15-2002 90133 017 ****50.00}			
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DBS HOLDINGS LLC						034		L.		
				,	•	TALL	AHASSEE, FLOR	IUA		
			Mailing Address +							
TALLAHASSEE			LAHASSEE FL 32308		1		9	61634		
					, ,					
2. Principal Place of Business			3. Mailing Address					ITII FALION ILON GALLA INDI	IHII FAII IODI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					IN THIS SPACE		
City & State		City & State			.i		terory 16	S A	pplied For ot Applicable	1
Zip Country			Zip		Country		ficate of Status Desired	Fee Require		
	8. Name and Address of Curn	ent Registe	ered Agent		Name	7. Nam	e and Address of New Re	gistered Agent		-
BOOTH, HURLEY H JR. 631 CHANCEY LANE TALLAHASSEE FL 32308					Street Addres	s (P.O. Box Number is Not Acceptable)				1
									-	
, 	•			•	City			FL Zip Coo	18	
8. The above	named entity submits this statemer	t for the pu	rpose of changing its	register	ed office or regis	tered agent,	or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered at	gent and title if a	ipplicable. (NOTI	E: Registere	id Agent signature requ	dred when namelar	ing)	OATE	·	
FILE NO Make Check Pa					FEE IS \$50.0				••	
			Du	e By M	ay 1, 2002					
9. TTLE	MANAGING MEN		Delete	10. TITL	E	· · · ·	ADDITIONS/C	HANGES	. Addition	(10/6)
NAME HUFLEY H Dooth Trus STREET ADDRESS 671 Chancey Lane CITY-ST-ZIP Fall Lucas F1 2			ف	IE EET ADDRESS					1	
CITY-ST-ZIP TITLE	Tallahassee FI	327		CITY TITL	E			Change	Addition	CR2E08
NAME STREET ADDRESS				NAN STRI	E EET ADDRESS					
CITY - ST - ZUP			Delete	City TIL	-ST-ZIP		·	Change	Addition	-
TITLE NAME STREET ADDRESS				NAM	IE .					
CITY-ST-ZIP				CITY	EFT ADORESS - ST-ZIP					[
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TITLE NAME			Delete	TITU	2			Change	Addition	}
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS - ST-ZIP		(Sice		
11. I hereby c indicated	certify that the information supplied on this report is true and accurate a	and that my	signature shall have	the exe	mption stated in a legal effect as i	f made unde	roath; that I am a managin	urther certify that the ing member or manage	nformation ar of the	1
limited liai	bility company or the receiver or tru		vered to execute this	report as	required by Che	apter 608, Fic	orida Statutes.			1
SIGNAT		E OF SIGNING	E RAQUÍN I MANAGLING MENNYER, MAN	AGER, OR		<u>y</u>	120 102	8502727 Devicine Prone 4	9 34	