

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90035 008 ****55.00

DOCUMENT # L01000016056

1. Entity Name

DNA SERVICES LLC

Principal Place of Business

**2426 GERARD AVE.
 JACKSONVILLE FL 32207**

Mailing Address

**2426 GERARD AVE.
 JACKSONVILLE FL 32207**

2. Principal Place of Business

2426 Gerard Ave

Suite, Apt. #, etc.

3. Mailing Address

2426 Gerard Ave.

Suite, Apt. #, etc.

City & State

JAX, FL.

City & State

JAX, FL. 32207

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-3721217

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

**ALLEN, JERRY
 2426 GERARD AVE.
 JACKSONVILLE FL 32207**

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

**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 ☐ Delete
 NAME **Pres.**
 STREET ADDRESS **DANA CULPEPPER**
 CITY-ST-ZIP **13751 MACAPHER RD.
 JAX, FL. 32224**

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

TITLE ☐ Delete
 NAME **V.P. MANAGER**
 STREET ADDRESS **Jerry Allen**
 CITY-ST-ZIP **2426 Gerard Ave.
 JAX, FL. 32207**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

CR2E083 (9/01)