

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90085 015 \*\*\*\*50.00

**DOCUMENT # L02000007119**

1. Entity Name

**THE DIRECT SOURCE, LLC**



Principal Place of Business

**1316 GEORGE JENKINS BLVD.  
LAKELAND FL 33815**

Mailing Address

**1316 GEORGE JENKINS BLVD.  
LAKELAND FL 33815**

2. Principal Place of Business

**1520 George Jenkins Blvd**

3. Mailing Address

**PO Box 1668**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

Zip

**33815**

Country

**USA**

Zip

**33802**

Country

**USA**

4. FEI Number

**05-042**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, MICHAEL  
3136 BONNYBROOK DRIVE SOUTH  
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

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. 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |

10. ADDITIONS/CHANGES

| TITLE | NAME                  | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-----------------------|----------------|-------------|---------------------------------|--|
|       | President             |                |             |                                 |  |
|       | David Heide           |                |             |                                 |  |
|       | 7124 EL Camino Real W |                |             |                                 |  |
|       | Lakeland, FL 33813    |                |             |                                 |  |
|       |                       |                |             |                                 |  |
|       |                       |                |             |                                 |  |
|       |                       |                |             |                                 |  |
|       |                       |                |             |                                 |  |

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: David Heide**

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

**2/19/03**

**863-683-8807 x104**

Date

Daytime Phone #

CR2E083 (10/02)