

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000020022

FILED  
Apr 14, 2003  
Secretary of State

**Entity Name:** DIRECT RESOURCE SYSTEMS, L.L.C.

**Current Principal Place of Business:**

7716 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

5509 GRAND BLVD.  
100  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

7716 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

5509 GRAND BLVD.  
100  
NEW PORT RICHEY, FL 34652

**FEI Number:** 55-0792401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLINE, CHRISTOPHER D  
7716 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

KLINE, CHRISTOPHER D  
5509 GRAND BLVD.  
NEW PORT RICHEY, FL 34652 US

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:

04/14/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KLINE, CHRISTOPHER D  
Address: 7716 MASSACHUSETTS AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KLINE, CHRISTOPHER D  
Address: 5509 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER D. KLINE

MGR

04/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date