

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90008 002 \*\*\*150.00

**DOCUMENT # L27557**

1. Entity Name  
**DSL ENTERPRISES, INC.**

Principal Place of Business  
**% LINDA LIBISZEWSKI**  
**2425 W. STATE RD 434, STE 179**  
**LONGWOOD FL 32779**

Mailing Address  
**% LINDA LIBISZEWSKI**  
**2425 W. STATE RD 434, STE 179**  
**LONGWOOD FL 32779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4290 Pioneer TRAIL**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4290 Pioneer TRAIL**  
 Suite, Apt. #, etc.

City & State  
**New Smyrna FL**  
 Zip  
**32168**  
 Country  
**Volusia**

City & State  
**New Smyrna FL**  
 Zip  
**32168**  
 Country  
**Volusia**

4. FEI Number **04-2892219**  
**65-8152156**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LIBISZEWSKI, LINDA**  
**2425 W. STATE RD 434**  
**SUITE 179**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent  
 Name **LIBISZEWSKI, LINDA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4290 Pioneer TRAIL**  
 City **New Smyrna** **FL** Zip Code **32168**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIBISZEWSKI, LINDA</b> <b>2425 W. STATE RD 434</b> <b>LONGWOOD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>LIBISZEWSKI, LINDA</b> <b>4290 Pioneer TRAIL</b> <b>New Smyrna FL 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda Libiszewski**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/24/02** Daytime Phone # **386-424-9517**

Attn: Chmut

7/24/02

675999  
L27557

Division of Corporations  
Tallahassee, FL 32302-1500

Gentlemen:

I never received the original Report which was due in May and would appreciate your waiving the penalty fees. I am enclosing a check for \$150.00.

Thank you for your consideration.

Linda Szyzowski