

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90920 046 ***150.00

DOCUMENT # L27557

1. Entity Name
DSL ENTERPRISES, INC.



Principal Place of Business
**4290 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168**

Mailing Address
**4290 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business
663 So Nova ROAD
Suite, Apt. #, etc.

3. Mailing Address
663 So. Nova ROAD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORMOND Beach, FL
Zip
32174
Country
VOLUSIA

City & State
ORMOND Beach, FL
Zip
32174
Country
VOLUSIA

4. FEI Number **65-0152156**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIBISZEWSKI, LINDA
4290 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

386-673-2667

Daytime Phone #

CR2E034 (10/02)