

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009294 AF

DOCUMENT # L98000001188

1. Entity Name
D & S OF CORAL SPRINGS, L.C.

Principal Place of Business 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA FL 34231	Mailing Address 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA FL 34231-6024
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00 APR 29 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

mmm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0904087	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOOLEY, WILLIAM A ESQ. NELSON-HESSE 2070 RINGLING BLVD. SARASOTA FL 34237	7. Name and Address of New Registered Agent Name: DOOLEY, WILLIAM A ESQ. Street Address (P.O. Box Number is Not Acceptable): 1432 FIRST STREET City: SARASOTA FL Zip Code: 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOOLEY, WILLIAM R 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700003249697-1 -05/11/00--01127--023 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, KENNETH D 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA FL 34231 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED** KENNETH D. SMITH **4-26-00 (941) 921-4636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)