

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90159 003 \*\*\*150.00

**DOCUMENT # P00000003253**

1. Entity Name  
**THE DRS NETWORK, INC.**

Principal Place of Business  
**413 N ANDREWS AVE**  
**2ND FLOOR**  
**FT. LAUDERDALE FL 33301**

Mailing Address  
**P.O. BOX 1390**  
**POMPANO BEACH FL 33061**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 14848**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**FT LAUDERDALE FL**

4. FEI Number **65-0975459**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33302**

**BROWARD**

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

**SHANE, TIM A**  
**2255 GLADES ROAD #236W**  
**BOCA RATON FL 33431**

Name **TIM A. SHANE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**185 NW SPANISH RIVER DR**  
**SUITE 290**  
 City **BOCA RATON FL** Zip Code **33431**

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 \_\_\_\_\_

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete  
 NAME **SHANE, TIM A**  
 STREET ADDRESS **2255 GLADES ROAD #236 W**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **SHANE, TIM A.**  
 STREET ADDRESS **185 NW SPANISH RIVER DR #290**  
 CITY-ST-ZIP **BOCA RATON - FL - 33431**

TITLE **PD** ☐ Delete  
 NAME **TRAFFORD, ROBERT J**  
 STREET ADDRESS **413 N ANDREWS AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **BOFSHEVER, GARY**  
 STREET ADDRESS **2041 UNIVERSITY DR**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **BOFSHEVER, HARLEY**  
 STREET ADDRESS **2041 UNIVERSITY DR**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **ROBERT J. TRAFFORD** **PRESIDENT** **4.8.02 954-761-9248**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)