

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005094

1. Entity Name

D+S Industries of Pinellas, Inc.

02 MAR -1 PM 2:18

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1942 12th St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 88 7152

Suite, Apt. #, etc.

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Seminole, Florida

4. FEI Number

59-3628416

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

33775-7152

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Shawn Morris

Street Address (P.O. Box Number is Not Acceptable)

1942 12th St

City

Sarasota

FL

Zip Code

34236

DO NOT WRITE
IN THIS SPACE

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

Shawn R. Morris

Shawn Morris

2-19-02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D, P, S T
Shawn Morris
1942 12th St.
Sarasota, FL 34236

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

200005080842--5
-03/11/02--01061--001
****908.75 ****908.75

TITLE

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11/3/7

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shawn R. Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02

Date

941-955-6601

Daytime Phone #

CR2E0348 (12/01)