

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90713 035 ***150.00

DOCUMENT # P00000010808

1. Entity Name

DIGI ESOLUTIONS, INC.

Principal Place of Business

**3418 N. OCEAN BLVD
 FT LAUDERDALE FL 33308**

Mailing Address

**3418 N. OCEAN BLVD
 FT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

3428 N. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUD. FL

Zip

Country

Zip

Country

33308

Browns

4. FEI Number

65-0977934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRACY, ALFRED
 10944 BAL HARBOR DR.
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

Roland Breton

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

3428 N. OCEAN BLVD

City

FT. LAUD.

FL

Zip Code

33308

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

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 \$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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P TRACY, ALFRED 4797 PRESERVE DRIVE DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	Roland Breton 3428 N. OCEAN BLVD FT. LAUD., FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

574-564-1133

Date

Daytime Phone #

CR2E034 (9/01)