

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000015630**1. Entity Name
D.T.S. UNLIMITED, INC.**Principal Place of Business**

6522 SAMOA DRIVE

SARASOTA
34241

FL

Mailing Address

6522 SAMOA DRIVE

SARASOTA
34241

FL

2. Principal Place of Business

6522 SAMOA DRIVE

3. Mailing Address

6522 SAMOA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA

FL

City & State

SARASOTA

FL

4. FEI Number☒ Applied For☐ Not ApplicableZip
34241

Country

Zip
34241

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SHANER DAVID A
6522 SAMOA DRIVESARASOTA
34241

FL

7. Name and Address of New Registered Agent**Name**

SHANER DAVID A

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

6522 SAMOA DRIVE

City
SARASOTA

FL

Zip Code
34241

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 **DAVID A. SHANER****04/29/2001**

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, 2001 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**TITLE D ☐ Delete
NAME SHANER CHRISTINE S
STREET ADDRESS 6522 SAMOA DRIVE
CITY-ST-ZIP SARASOTA FL 34241TITLE D ☐ Delete
NAME SHANER DAVID A
STREET ADDRESS 6522 SAMOA DRIVE
CITY-ST-ZIP SARASOTA FL 34241TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME SHANER CHRISTINE S
STREET ADDRESS 6522 SAMOA DRIVE
CITY-ST-ZIP SARASOTA FL 34241TITLE D ☒ Change ☐ Addition
NAME SHANER DAVID A
STREET ADDRESS 6522 SAMOA DRIVE
CITY-ST-ZIP SARASOTA FL 34241TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: David A. Shaner

D

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)