

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90367 050 \*\*\*150.00

DOCUMENT # **P00000048578**

1. Entity Name  
**D. STATION TECHNOLOGIES, INC.**

Principal Place of Business      Mailing Address  
**11652 FT. CAROLINE LAKES DR.**      **11652 FT. CAROLINE LAKES DR.**  
**JACKSONVILLE FL 32225**      **JACKSONVILLE FL 32225**

2. Principal Place of Business      3. Mailing Address  
**1301-11 Monument Rd**      **P.O. Box 350120**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Jax, Fl. # (1+12)**      **Jax, Fl.**

City & State      City & State  
**Jax, FL 32225**      **Jax, FL**  
 Zip      Country      Zip      Country  
**32225**      **Dual**      **32235**      **Dual**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied for  
**59-3643386**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DEANGELIS, M. CARLA**  
**11365 CANVASBACK CT.**  
**JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      State      Zip Code

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 re-issuing)

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DEANGELIS, CARLA</b>	
STREET ADDRESS	<b>11365 CANVASBACK CT.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GOLCHER, SHANNON</b>	
STREET ADDRESS	<b>11652 FT. CAROLINE LAKES DR.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WINTON, WILLIAM</b>	
STREET ADDRESS	<b>10864 CROSSTIE CT.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, JANICE</b>	
STREET ADDRESS	<b>10771 JAVA DR.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWES, MAC</b>	
STREET ADDRESS	<b>1636 WILDWOOD CRK LN.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMULLER, JOE</b>	
STREET ADDRESS	<b>10383 ARROW FOREST CT.</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **Janice McCarter**      4/24/01      CFO      904-477-7725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Division Title

CR2E034 (10/00)