## **2002 UNIFORM BUSINESS REPORT (UBR)** Aug 12, 2002 8:00 am Secretary of State P00000091786 DOCUMENT # 1. Entity Name 08-12-2002 90011 031 \*\*\*150.00 DSG CORP. Principal Place of Business Mailing Address 2124 WEST KENNEDY BLVD 2124 WEST KENNEDY BLVD. SUITE C SHITE C TAMPA FL 33606 TAMPA FL 33606 3. Mailing Address 2. Principal Place of Business 1111 No - Westshore B BUD tshore Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 207 d٥ City & State City & State Applied For 4. FE! Number 59-3671643 arkon Not Applicable Country \$8.75 Additional Certificate of Status Desired. H1155roc Hillstellace Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLANUEVA, SCOTT G ESQ. O. Box Number is Not Acceptable) S. PsyshoRe 7500 NW 25TH STREET SUITE 209M **MIAMI FL 33122** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE nt and title if applicable. e, typed or printed name of registered a (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Inta FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change Delete DAVID GUT 18USK V **GURIOUSKY, DAVID** NAME IIII N- WOSTSTURE 2124 W KENNEDY BLVD STE C STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JULIE TITLE . 🔲 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

I hereby certify that the information supplied v indicated on this report or supplemental report of the corporation or the receiver or trustee ein changed, or on an attachment with an address It this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t is trye and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director in weight to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date

attachment

<u>Le76969</u> #P00000091786

August 7, 2002

Division of Corporations Annual Report P.O. Box 6327 Tallahassee, Florida 32314-6327

Re: -DSG Corp.

EIN: 59-3671643

## Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are writing to you on their behalf. The client did not receive the original 2002 Uniform Business Report for the fee of \$150.00 due before May 1, 2002 and just received a second notice regarding such report yesterday. Please be aware that prior to yesterday, the client was completely unaware that the filing was delinquent.

Enclosed is a completed 2002 Uniform Business Report along with a check in the amount of \$150.00. Kindly apply this fee and abate the late penalty. Also, please verify that the address on this report agrees with your records to assure that the client will receive this report in the future.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,

David A. Merzel

Kaufman, Rossin & C

**Enclosures** 

cc: Susie Vandiver

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