

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90145 025 ***150.00

DOCUMENT # P00000116186

1. Entity Name

D2S2 ENTERPRISES, INC.

Principal Place of Business

**3606 W. KENNEDY BLVD.
 TAMPA FL 33609**

Mailing Address

**3606 W. KENNEDY BLVD.
 TAMPA FL 33609**

2. Principal Place of Business

203 S. BEVERLY AVE

3. Mailing Address

203 S. BEVERLY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. FEI Number

59-3686444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRUDY, THOMAS

3606 W. KENNEDY BLVD.

TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

MICHAEL HIGGINS

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

203 S. BEVERLY AVE

City

TAMPA

FL

Zip Code

33609

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]

PRESIDENT

24 APR 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) ☒

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DRUDY, THOMAS	
STREET ADDRESS	3606 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STARR, MITCHELL	
STREET ADDRESS	3606 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT - PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL F. HIGGINS	
STREET ADDRESS	203 S. BEVERLY AVE	
CITY-ST-ZIP	TAMPA, FL. 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

MICHAEL F. HIGGINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 APR 02

Date

813-495-9647

Daytime Phone #

CR2E034 (9/01)