

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90113 048 ***150.00

DOCUMENT # **PO1000003858**

1. Entity Name

DSCS Multi SERVICES INC

DSCS Multi Services Inc
1806 S. Dixie Hwy
Lake Worth, FL 33460

DO NOT WRITE IN THIS SPACE

977651

2. Principal Place of Business

1806 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

1806 S. Dixie Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth FL

Zip

33460

Country

Palm Beach

City & State

Lake Worth FL

Zip

33460

Country

Palm Beach

4. FEI Number

65-105937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

STAN DESRUSSER

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

10144 NW 23rd Court

City

Coral Springs

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/28/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. **Director** OFFICERS AND DIRECTORS

TITLE **Director**
NAME **STAN DESRUSSER**
STREET ADDRESS **10144 NW 23rd Court**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **Director**
NAME **DAVID L LAINE**
STREET ADDRESS **5862 Lincoln Cir. W**
CITY-ST-ZIP **Lake Worth, FL 33463**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/28/02

Daytime Phone #

Attachment

977651

#P01000003832

08/28/2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Phone: (850) 488-9000

Whom It May concern,

DSCS Multi Services Inc. did not receive the (UBR) Uniform Business Report at the beginning of the year that's why we did not fill out this report. I called the office of the Division of Corporation and they informed me what to do. I spoke with Louise at this office. Now we send you the fee 150\$ for the report and we will appreciate if you can proceed this report for us.

Thank you very much for your cooperation.

Sincerely yours,



Shawn Desruisseaux

Director

DSCS Multi Services Inc.

1806 S DIXIE HWY

LAKE WORTH, FL 33460