FILED

Jul 04, 2002 8:00 am Secretary of State

05-23-2002 90066 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P01000017263 **DOCUMENT #** 1. Entity Name

DSSI OF FLORIDA, INC.

						h					
Principal Place	of Business		Mailing Address								
12510 SAN JOSE BLVD			12510 SAN JOSE BLVD								
JACKSONVILLE FL 32241			JACKSONVILLE FL 32241					· · · · · ·		1	
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									. 198 19 19848 87		
2. Principal Place of Business			3. Mailing Address				t 1984t.841 fill Duffer Harr batty ansir	#### ##### **##	19949 11210 01		
Z. Principal Place of Business											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE				
00	.,									-tipel For	
City & State			City & State			4. F	El Number 37492	22		plied For t Applicable	
							\$8.75 Additional				
Zip Country		ountry	Zip	itry	5. Certificate of Status Desired Fee Required						
				7. Name and Address of New Registered Agent							
	6. Name and	Address of Current Re	gistered Agent	:_	Name	7. 1	Mile Ella Aderess C				
T						_					
BUCHANAN, MELISSA			Street Addres			ress (P.O. B	(P.O. Box Number is Not Acceptable)				
12510 SAN	I JOSE BLVD				<u> </u>						
	VILLE FL 32241										
<u> </u>					City			FL	Zip Code	e	
					l						
9 The above	named entity sub	mits this statement for th	ne purpose of changing its	register	ed office or re	gistered ag	ent, or both, in the State of Flo	rida.			
G. The access	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
*****************************	-	White Break	<u> </u>					/ DATE			
SIGNATURE.	Signature, typed or prin	ne thege berelaigent and	title il applicable. (NOT	E: Register	ed Agent signature	required when re	einstating)	/ DATE			
			EILE NOW!	II FFE	IS \$150.00)	10. Election Campaign Fin	ancina	e E 0	() May Be	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00			0.00	Trust Fund Contribution		Addec	to Fees	
	rla on back)		Make Check Payat	te to D	epartment o	of State					
<u> </u>		OFFICERS AND DI	RECTORS	12.		ΑĒ	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
11.	PRESIDE		☐ Delete	TiT	£				Change	Addition	
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NAME			Detate	N	ME REET ADORESS						

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Daytime Phone #