

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90061 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000051261			
1. Entity Name DARSONS, INC.			
Principal Place of Business 6461 NW 55TH STREET CORAL SPRINGS FL 33067		Mailing Address 6461 NW 55TH STREET CORAL SPRINGS FL 33067	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 30-0023467		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LONG, SONYA T 6461 NW 55TH STREET CORAL SPRINGS FL 33067		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when releasing) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS. LONG, SONYA T 6461 NW 55TH STREET CORAL SPRINGS FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVT LONG, DARRYL G 6461 NW 55TH STREET CORAL SPRINGS FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/17/03 (954) 784-7489 Date Date Time	

CP25004 (10/02)

Attachment #

SONYA T. OR DARRYL G. LONG 4-84 [REDACTED] 7611
6461 N.W. 55TH ST. 752-9261
CORAL SPRINGS, FL 33067
Date 5-12-03 63-7762/2670

Pay to the Order of Department of State \$ 150.00
one hundred fifty Dollars

IBM Southeast Employees
Federal Credit Union
Your time. Your money. Your future.
1-800-873-5100
For PO1000051261 *Sonya Long*

80127458
PO1000051261

SONYA T. OR DARRYL G. LONG 4-84 [REDACTED] 7586
6461 N.W. 55TH ST. 752-9261
CORAL SPRINGS, FL 33067
Date 4-17-03 63-7762/2670

Pay to the Order of one hundred fifty \$ 150.00
xx Dollars

IBM Southeast Employees
Federal Credit Union
Your time. Your money. Your future.
1-800-873-5100
For Darson's Inc. *Sonya Long*