

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90045 045 ***150.00

DOCUMENT # P01000099582

1. Entity Name
DESOTO COMMUNICATIONS, INC.



Principal Place of Business
2462 SW THIGPEN RD
ARCADIA FL 34266

Mailing Address
2462 SW THIGPEN RD
ARCADIA FL 34266

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 26-0010748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUZE, CARL
2462 SW THIGPEN RD
ARCADIA FL 34266

Name
GAUZE, CARL
Street Address (P.O. Box Number is Not Acceptable)
2462 SW THIGPEN AVE.
City
ARCADIA
FL
Zip Code
34266

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

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

(NOTE: Registered Agent signature required when reinstating)

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.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
GAUZE, CARL
STREET ADDRESS
2462 SW THIGPEN RD
CITY-ST-ZIP
ARCADIA FL 34266

☐ Delete

TITLE
D
NAME
GAUZE, CARL
STREET ADDRESS
2462 SW THIGPEN AVE
CITY-ST-ZIP
ARCADIA FL 34266

☒ Change ☐ Addition

TITLE
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03

Date

863-993-0390

Daytime Phone #

CR2E034 (10/02)