

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101793

1. Entity Name
DESLIN ENTERPRISES, INC.



FILED

03 SEP 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
823 GARLAND AVE
SEBRING FL 33875

Mailing Address
P O BOX 3522
SEBRING FL 33871-3522



2. Principal Place of Business

247 South Commerce Ave

3. Mailing Address

247 S. Commerce Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sebring, FL

City & State

Sebring, FL

4. FEI Number 59-3754005

Applied For
Not Applicable

Zip

33871

Country

Zip

Country

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

LEE, DESI L SR

823 GARLAND AVE
SEBRING FL 33875

247 S. Commerce Ave
Sebring, FL 33871

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 Desi L. Lee

(NOTE: Registered Agent signature required when reinstating)

9/9/03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD LEE, DESI L SR P O BOX 3522 SEBRING FL 33871-3522	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Desi L. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/9/03 863-385-6800
Daytime Phone #

CR2E034 (4/03)