

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90197 042 \*\*\*150.00

**DOCUMENT #** P02000063385

**1. Entity Name**

DNE SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

11233 RICHFORD LANE

Suite, Apt. #, etc.

**3. Mailing Address**

11233 RICHFORD LANE

Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

**City & State**

SPRING HILL, FL

**Zip**

34609

**Country**

**City & State**

SPRING HILL, FL

**Zip**

34609

**Country**

**4. FEI Number**

38-3603401

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

ELDER, DENNIS

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

11233 RICHFORD LANE

**City**

SPRING HILL

**FL**

**Zip Code**

34609

**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 of Dennis Elder]*

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

(NOTE: Registered Agent signature required when reinstating)

*[Signature]* **4/07/03**

**DATE**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b>	P	<b>TITLE</b>	
<b>NAME</b>	DENNIS ELDER	<b>NAME</b>	
<b>STREET ADDRESS</b>	11233 RICHFORD LANE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	SPRING HILL, FL 34609	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	S	<b>TITLE</b>	
<b>NAME</b>	MARY J. ELDER	<b>NAME</b>	
<b>STREET ADDRESS</b>	11233 RICHFORD LANE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	SPRING HILL, FL 34609	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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

**SIGNATURE:**

*[Signature of Dennis Elder]*

**PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

*[Signature]* **4/07/03**

**352-684-5041**