

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90451 043 \*\*\*150.00

0642313 AT

**DOCUMENT # P02000072791**

1. Entity Name  
**DPWS, INC.**



Principal Place of Business  
**4269 SW FRESHWATER COURT  
DUNNELLON FL 34431**

Mailing Address  
**4269 SW FRESHWATER COURT  
DUNNELLON FL 34431**



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  
**11 3646827**

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

**ORENS, DAVID  
4269 SW FRESHWATER COURT  
DUNNELLON FL 34431**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *David Orens*

DATE **1-10-03**

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.  **\$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 | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |

| TITLE | NAME                     | STREET ADDRESS               | CITY-ST-ZIP                | <input type="checkbox"/> Change     | <input checked="" type="checkbox"/> Addition |
|-------|--------------------------|------------------------------|----------------------------|-------------------------------------|--|
|       | <i>P/T/S David Orens</i> | <i>4269 SW Freshwater Ct</i> | <i>Dunnellon FL 34431</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          |
|       | <i>Steve Cochran</i>     | <i>4445 SW 175th Ct.</i>     | <i>Dunnellon, FL 34432</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                     |
|       |                          |                              |                            | <input type="checkbox"/>            | <input type="checkbox"/>                     |
|       |                          |                              |                            | <input type="checkbox"/>            | <input type="checkbox"/>                     |
|       |                          |                              |                            | <input type="checkbox"/>            | <input type="checkbox"/>                     |
|       |                          |                              |                            | <input type="checkbox"/>            | <input type="checkbox"/>                     |

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: *David Orens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-10-03** Daytime Phone # **352-485-4696**

CR2E034 (10/02)