


2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90999 043 ***150.00

DOCUMENT # P03000157155	
1. Entity Name D.A.R.T. SYSTEMS, INC.	

DO NOT WRITE IN THIS SPACE

94066608

2. Principal Place of Business 931 S.W. 150th Avenue Suite, Apt. #, etc.	3. Mailing Address 931 S.W. 150th Avenue Suite, Apt. #, etc.
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33326	Country 33326

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2136445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Burton, Andre S.	
Street Address (P.O. Box Number is Not Acceptable) 4310 Sheridan Street, Suite 202	
City Hollywood	FL Zip Code 33021

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** _____

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE PSD NAME Ruffner, Harold STREET ADDRESS 931 S.W. 150th Avenue CITY-ST-ZIP Sunrise, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)