

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90145 013 \*\*\*158.75

**DOCUMENT # P18525**

1. Entity Name  
**DISABILITY SPECIALISTS, INC.**



Principal Place of Business  
**14511 WESTLAKE DRIVE  
SUITE 250  
LAKE OSWEGO OR 97035  
US**

Mailing Address  
**14511 WESTLAKE DRIVE  
SUITE 250  
LAKE OSWEGO OR 97035  
US**



2. Principal Place of Business  
**20055 Sw Pacific Hwy  
Suite, Apt. #, etc.  
Suite 203  
City & State  
Sherwood, OR**

3. Mailing Address  
**20055 Sw Pacific Hwy  
Suite, Apt. #, etc.  
Suite 203  
City & State  
Sherwood, OR**

☒ CHECK HERE IF MAKING CHANGES

Zip  
**97140**

Country  
**US**

Zip  
**97140**

Country  
**US**

4. FEI Number **93-0941219**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

**WILLIAMS PETER M  
CORPORATE CONTINUITY INC  
390 N ORANGE AVE., STE 1575  
ORLANDO FL 32801**

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

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

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVS  
POLLOCK, WILLIAM L.  
615 COUNTRY CLUB RD  
LAKE OSWEGO OR 97034** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
POLLOCK, WILLIAM L.  
615 COUNTRY CLUB RD  
LAKE OSWEGO OR 97034** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVS  
Pollock, William L.  
20055 Sw Pacific Hwy Suite 203  
Sherwood, OR 97140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
Pollock, William L.  
20055 Sw Pacific Hwy Suite 203  
Sherwood, OR 97140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-20-03**

Date

**(503)620-1055**

Daytime Phone #

CR2E034 (10/02)