

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90168 032 ***150.00

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1. Entity Name
DST HOLDINGS, INC.



Principal Place of Business
**100 N.W. 12 AVENUE
TAX DEPT.
DEERFIELD BEACH FL 33442**

Mailing Address
**111 NW 12TH AVE
LEGAL DEPT JMFDF018
DEERFIELD BEACH FL 33442
US**



2. Principal Place of Business

100 JIM MORAN BLVD.

3. Mailing Address

100 JIM MORAN BLVD.

Suite, Apt. #, etc.

**LEGAL DEPT.
MAIL DROP JMFDF018**

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

4. FEI Number **65-0452061**

Applied For
Not Applicable

Zip
33442

Country
USA

Zip
33442

Country
USA

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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	D FOSTER, JAMES R 100 NW 12TH AVENUE DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, COLIN W 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSSENBECK, PATRICK C 100 NW 12TH AVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHELAN, JOHN J 100 NW 12 AVE DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MIRANDI, ARTHUR J JR 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SNEAD, CAREN J 100 N.W. 12 AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, BRENT D 100 JIM MORAN BLVD. DEERFIELD BEACH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, COLIN W 100 JIM MORAN BLVD. DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSSENBECK, PATRICK C. 100 JIM MORAN BLVD DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHELAN, JOHN J 100 JIM MORAN BLVD. DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MIRANDI, ARTHUR J JR 100 JIM MORAN BLVD DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SNEAD, CAREN J 100 JIM MORAN BLVD DEERFIELD BEACH FL	<input checked="" 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. WHELAN

SECRETARY

Date

Daytime Phone #

04/24/03 954-420-4617

CR2E034 (10/02)