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

## **DOCUMENT #**

P96000002777

1. Entity Name

DFT SERVICES, INC.



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

01-27-2003 90335 017 \*\*\*150.00

	•											
Principal Place 4705 DUNNIE TAMPA FL 336	DRIVE	3	4705 (	Mailing Address 4705 DUNNIE DRIVE TAMPA FL 33614								
2. Principal P	lace of Busin	ess	3. Maili	3. Mailing Address							<b>                                    </b>	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	9		City	City & State				4. FEI Number 59-3352690			oplied For	
Zip	Zip Country				Count	ountry		Certificate of Status Desired		8.75 Add	lítional	
6. Name and Address of Current R				d Agent	7. Name and Address of New Registered Agent							
		5 E 5 - 4 - 4-	• •		-	Name	مرسود .		· /, ···	والمسار والأو		
TROYA, D				Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
	NIE DRIVE											
TAMPA FL	. 33614	•										
						City			FL	Zip Cod	e	
	named entity ons of regist		nt for the purpo	ose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE _	Signature, typed	or printed name of registered ag	gent and title if appli	icable. (NOTE	E: Registered	I Agent signature req	uired when re	reinstating)	DATE			
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Departmen						Election Campaign Fi Trust Fund Contribution			<b>0</b> May Be I to Fees	
10.		OFFICERS A	ND DIRECTOR	RS	11.		AD	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROYA, D 4705 DUN TAMPA FL	NIE DRIVE		☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		l l				Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY-	ET ADDRESS ST-ZIP		119 07(3Vi) Florida Statutes		Change	Addition	

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:**