

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055309

1. Entity Name

DSS CONSULTING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90150 049 ***158.75

Principal Place of Business

3001 ALOMA AVE.
 WINTER PARK FL 32792
 US

Mailing Address

P.O. BOX 4085
 WINTER PARK FL 32792-5523
 US

2. Principal Place of Business

1025 S. Semoran Blvd.

3. Mailing Address

1025 S. Semoran Blvd.

Suite, Apt. #, etc.

#1-1093

Suite, Apt. #, etc.

#1-1093

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3386878

Applied For

Not Applicable

Zip

32792-5523

Country

ORANGE

Zip

32792-5523

Country

ORANGE

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHEELER, ANN M
 3001 ALOMA AVE
 P O BOX 4085
 WINTER PARK FL 32793

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1025 S. Semoran Blvd.

#1-1093

City

Winter Park

FL

Zip Code
 32792

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.

SIGNATURE

Ann M. Wheeler

Ann M. Wheeler

24-April 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORIN, ORAM J. JR.	
STREET ADDRESS	85 SWISS LANE	
CITY-ST-ZIP	BLUE RIDGE GA 30513	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHEELER, ANN M.	
STREET ADDRESS	3001 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2657 Exuma Way	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann M. Wheeler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24-April 2000

Date

407-671-6761

Daytime Phone #

CR2E034 (9/99)