2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91835 050 ***150.00

DOCUMENT # P96000075633 ✓

1. Entity Name
DSR, INC.

Principal Place of Business	Mailing Address
965 N NOB HILL RD SUITE 206 PLANTATION, FL 33324 US	965 N NOB HILL RD SUITE 206 PLANTATION, FL 33324 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9631 Orchid Grove Trail	9631 Orchid Grove Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

4. FEI Number: 59-3405597 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERGMAN, ROCHELLE C
8010 CLEARY BLVD
UNIT 103
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: Bergman, Rochelle C
Street Address (P.O. Box Number Is Not Acceptable): 9631 Orchid Grove Trail
City: Boynton Beach FL Zip Code: 33437

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: Rochelle C Bergman 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PSD BERGMAN, ROCHELLE C ~~8010 CLEARY BLVD #103~~ ~~PLANTATION, FL 33324~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9631 Orchid Grove Trail Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Rochelle C Bergman Rochelle C. Bergman 4/7/03 561-487-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #