2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P97000059737 1. Entity Name 03-27-2002 90047 044 ***150 00 DSB CONSULTING, INC. Mailing Address Principal Place of Business PO BOX 2859 1700 SOUTH DIXIE HIGHWAY BOCA RATON FL 33427-2859 STF 103 **BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business 5260 S Landings Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #1501 City & State City & State 4. FEI Number Applied For 65-0765205 Not Applicable Fort Myers, Florida Country **\$8.75** Additional -Country 5. Certificate of Status Desired Fee Required 33919 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WAHNER, XAVIER J Street Address (P.O. Box Number is Not Acceptable) 1700 S DIXIE HWY **STE 103** Zip Code. **BOCA RATON FL 33432** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Flection Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE TITLE Delete NAME NAME BUTINDARO, DEANNE S STREET ADDRESS STREET ADDRESS 5260 S LANDINGS DRIVE #1501 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Addition TITLE ☐ Change Delete TITLE NAME BUTINDARO, SALVATORE A JR. STREET ADDRESS STREET ADDRESS 5260 S LANDINGS DRIVE 1501 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 -☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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.

Deanne S. Butindaro 941-466-4570

FILED