2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State P97000092771 DOCUMENT # 1. Entity Name 05-06-2002 90119 043 ***150 00 D & S ENTERPRISES, INC. Principal Place of Business Mailing Address 348 N.W. 16TH PLACE 348 N.W. 16TH PLACE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0795992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVENDORT, FREDERICK DAVENPORT, FREDERICK 5541 N.W. 38TH TERRACE **COCONUT CREEK FL 33073** 348 N.W. 16 TH PLACE Zip Code **3306**0 OMPANO BEACH 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P570 CR2E034 (9/01) TITLE **PSTD** TITLE Change ☐ Addition X Delete DAVENPORT FREDERICK 348 N. W. 18ZH MACE DAVENPORT, FREDERICK NAME NAME 5541 NORTHWEST 38TH TERRACE STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33060 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE