

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000001666****1. Entity Name**
D.S.P. CORPORATION**Principal Place of Business**
3610 W. SHAMROCK ST.
TALLAHASSEE FL 32308**Mailing Address**
3610 W. SHAMROCK ST.
TALLAHASSEE FL 32308**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3488502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PEARCE, DARLENE S**
3610 W. SHAMROCK ST.
TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

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)

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PEARCE, DARLENE S
3610 W. SHAMROCK ST.
TALLAHASSEE FL 32308 ☐ Delete☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete☐ Change ☐ Addition**TITLE**
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CITY - ST - ZIP ☐ Delete☐ Change ☐ Addition**TITLE**
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CITY - ST - ZIP ☐ Delete☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete☐ Change ☐ Addition**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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/28/01 850 8939200

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90011 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)