

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043550

1. Entity Name

DS&D COMPUTERS, INC.

Principal Place of Business

9633 EAST COLONIAL DR
ORLANDO FL 32817

Mailing Address

9633 EAST COLONIAL DR
ORLANDO FL 32817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3511136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKL, SCOT D
3282 SEMIM BLVD #125
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

SCOT BROOKS

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

9633 EAST COLONIAL DR

ORLANDO, FL

City

FL

Zip Code

32817

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 \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME STYCE, DAMIAN
STREET ADDRESS 3282 S. SERMON BLVD.
CITY-ST-ZIP ORLANDO FL 32822

TITLE VP ☐ Delete
NAME BROOKS, SCOT D
STREET ADDRESS 3282 SERMON BLVD., #125
CITY-ST-ZIP ORLANDO FL 32822

TITLE ST ☐ Delete
NAME COLON, RICHARD
STREET ADDRESS 5421 MYRICA RD.
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0069797

CR2E034 (10/00)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90009 029 ***150.00