

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000050406**

1. Entity Name

**DLS HOLDINGS, INC.**

Name changed February 19, 2001 to **REDEVCO CONSULTING, INC**

**FILED**

**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90254 040 \*\*\*150.00

**00042011**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**7491 W. OAKLAND PARK BLVD.  
SUITE 306  
LAUDERHILL FL 33319**

Mailing Address  
**7491 W. OAKLAND PARK BLVD.  
SUITE 306  
LAUDERHILL FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0841629**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SINKLE, DEBRA L  
7491 W. OAKLAND PARK BLVD.  
SUITE 306  
LAUDERHILL FL 33319**

Name **Debra Sinkle Kolsky**  
Street Address (P.O. Box Number is Not Acceptable)  
**7491 West Oakland Park Blvd, Suite 306**  
City **Lauderhill** FL Zip Code **33319**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SINKLE-KOLSKY, DEBRA**  
STREET ADDRESS **7491 W. OAKLAND PARK BLVD. SUITE 306**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **V. Pres, V. Pres, Dir & R. Agent** ☒ Change ☒ Addition  
NAME **Debra Sinkle Kolsky**  
STREET ADDRESS **7491 W. Oakland Park Blvd, #306**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Allan Kolsky**  
CITY-ST-ZIP **7491 W. Oakland Park Blvd, Suite 306**  
**Ft. Lauderdale, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **V. Pres**  
STREET ADDRESS **Anda T. Ashkar**  
CITY-ST-ZIP **7491 W. Oakland Park Blvd, #306**  
**Ft. Lauderdale, FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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: **Debra Sinkle Kolsky**  
*Debra Sinkle Kolsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**

Date

**(954) 572-0305**

Daytime Phone #

CR2E034 (10/00)