

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075517

1. Entity Name

D.S.R. MAINTENANCE, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90029 020 \*\*\*150.00

Principal Place of Business

1001 N CENTRAL AVE  
KISSIMMEE FL 34741

Mailing Address

1001 N CENTRAL AVE  
KISSIMMEE FL 34741

2. Principal Place of Business

149 WHITE BRIDGE DR

Suite, Apt. #, etc.

3. Mailing Address

149 WHITE BRIDGE DR

Suite, Apt. #, etc.

City & State

KISSIMMEE

Zip

FL

Country

34743

City & State

KISSIMMEE

Zip

FL

Country

34743

4. FEI Number

59-3530795

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

RAMDASS, DAVID WALDRON

1001 N CENTRAL AVE

KISSIMMEE FL 34741

Name

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

149 WHITE BRIDGE DR

City

KISSIMMEE

FL

Zip Code

34743

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

4/14/01

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 ☐ Delete  
NAME D  
STREET ADDRESS RAMDASS, DAVID WALDRON  
CITY-ST-ZIP 1001 N CENTRAL AVE  
KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 149 WHITE BRIDGE DR  
CITY-ST-ZIP KISSIMMEE FL 34743

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  
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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 #

4/14/01

CR2E034 (10/00)