

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 022 ***150.00

DOCUMENT # P98000075517

1. Entity Name

DSR MAINTENANCE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

149 WHITE BIRCH DR

Suite, Apt. #, etc.

3. Mailing Address

149 WHITE BIRCH DR

Suite, Apt. #, etc.

City & State

KESSIMMEE FL

City & State

KESSIMMEE FL

Zip

34743

Country

AMERICA

Zip

34743

Country

USA

4. FEI Number

59-3530795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID W RAMDASS

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

149 WHITE BIRCH DR

City

KESSIMMEE

FL

Zip Code

34743

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and also if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Director
RAMDASS DAVID
149 WHITE BIRCH DR KESSIMMEE FL
34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
RAMDASS W STACY
149 WHITE BIRCH DR KESSIMMEE FL
34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034B (12/01)