

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085546

1. Entity Name

D.S.C. ENTERPRISES INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90056 034 ***150.00

Principal Place of Business

6404 NORTH 9TH AVENUE
PENSACOLA FL 32504

Mailing Address

6404 NORTH 9TH AVENUE
PENSACOLA FL 32504

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 **59-3535118**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDFORT, SCOTT B
127 E ZARAGOLA ST
STE 206
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
Street Bass and Sandfort Accountants
127 E Zaragoza St.
Suite 206
City Pensacola FL 32501

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

AS AG PD Bass 1/17/01

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
NAME PSD
STREET ADDRESS MATTESON, DAVID A
CITY-ST-ZIP 6404 NORTH 9TH AVENUE
PENSACOLA FL 32504 ☐ Delete

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

TITLE
NAME DT
STREET ADDRESS MATTESON, SUNDAE
CITY-ST-ZIP 6404 N 9TH AVE
PENSACOLA FL 32504 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
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:

David A. Matteson DAVID A. MATTESON

2/07/01 (850) 456-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0032868