

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90107 028 \*\*\*550.00

**DOCUMENT # P98000087060**

1. Entity Name  
**DIGITAL SERVICES, INC.**

Principal Place of Business  
**59 SOUTHWEST 3RD AVENUE**  
**DANIA BEACH FL 33004**

Mailing Address  
**59 SOUTHWEST 3RD AVENUE**  
**DANIA BEACH FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0878523**

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

**SENFT, SCOTT JAY**  
**126 SOUTH FEDERAL HWY.**  
**SUITE 202**  
**DANIA FL 33004**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	V	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	65 SW 3RD AVE	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, FLORENCE	
STREET ADDRESS	8390 SANDS POINT BLVD-F-206	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHEVLIN, BRUCE J	
STREET ADDRESS	1776 POLK ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OSBRONE, BARBARA A	
STREET ADDRESS	415 SE 9TH ST	
CITY-ST-ZIP	HALLANDALE FL 33008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBRONE, BARBARA A.	
STREET ADDRESS	65 SW 3RD AVENUE	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Bruce J. Shevlin* **BRUCE J. SHEVLIN** **9/18/02** **954-927-2121**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)