

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90046 036 ***550.00

0115541 AV

DOCUMENT # P98000101628

1. Entity Name

DLS & COMPANY, INC.



Principal Place of Business

**2249 JESSICA LANE
KISSIMMEE FL 34744**

Mailing Address

**2249 JESSICA LANE
KISSIMMEE FL 34744**

2. Principal Place of Business

1814 EDINBURGH ST.

3. Mailing Address

P.O. Box 450716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34743-3319

Country

USA

Zip

34745

Country

USA

4. FEI Number

59-3548709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARTZ, JOHN A

**2633 CAHOKIA COURT
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name

ARTZ, JOHN A

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

1814 EDINBURGH STREET

City

KISSIMMEE

FL

Zip Code

34745

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)

7/14/03
DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ARTZ, JOHN A**
STREET ADDRESS **2633 CAHOKIA COURT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **ST** ☒ Delete
NAME **WALDEN, DEBRA D**
STREET ADDRESS **2633 CAHOKIA COURT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ARTZ, JOHN A.**
STREET ADDRESS **1814 EDINBURGH STREET**
CITY-ST-ZIP **KISSIMMEE, FL 34745**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03 (407) 348-6995
Date Daytime Phone #

CR2E034 (4/03)