

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90006 044 ***550.00

0107883 AT

DOCUMENT # **P99000001171**

1. Entity Name

DSN GRAPHIC PUBLICATIONS, INC.

Note: Address Change

Principal Place of Business

**980 CANALVIEW BOULEVARD
 UNIT F1
 PORT ORANGE FL 32119**

Mailing Address

**980 CANALVIEW BOULEVARD
 UNIT F1
 PORT ORANGE FL 32119**

2. Principal Place of Business

314 ACACIA DR.
 Suite, Apt. #, etc.

3. Mailing Address

314 ACACIA DR.
 Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE FL.

4. FEI Number

59-3551280

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32127

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33434**

7. Name and Address of New Registered Agent

**NAME
 DONALD S. NAPOLITANO
 STREET ADDRESS (P.O. Box Number is Not Acceptable)
 314 ACACIA DR.**

**CITY
 PORT ORANGE FL ZIP CODE
 32127**

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

Donald S. Napolitano

Pres.

7/29/01

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 12, 2001 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

TITLE **PSTD** ☒ Delete
 NAME **NAPOLITANO, DONALD S**
 STREET ADDRESS **980 CANALVIEW BOULEVARD**
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **PSTD** ☐ Delete
 NAME **NAPOLITANO, DONALD S**
 STREET ADDRESS **314 ACACIA DR.**
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 *Donald S. Napolitano* **REQUIRED** **DONALD S. NAPOLITANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/29/01 **386-322-8245**

Daytime Phone #

CR2E034 (5/01)