

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90123 037 ***150.00

DOCUMENT # P99000001171

1. Entity Name

DSN GRAPHIC PUBLICATIONS, INC.



Principal Place of Business

~~314 ACACIA DR~~
~~PORT ORANGE FL 32127~~

Mailing Address

~~314 ACACIA DR~~
~~PORT ORANGE FL 32127~~

2. Principal Place of Business

1296 Freedom Lane

3. Mailing Address

1296 Freedom Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32119

Country

Volusia

Zip

32119

Country

Volusia

4. FEI Number

59-3551280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NAPOLITANO, DONALD S

~~314 ACACIA DR~~
~~PORT ORANGE FL 32127~~

7. Name and Address of New Registered Agent

Name DONALD S. NAPOLITANO

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

1296 Freedom Lane

City Daytona Beach

FL

Zip Code 32119

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PSTD
NAME NAPOLITANO, DONALD S
STREET ADDRESS ~~314 ACACIA DR~~
CITY-ST-ZIP ~~PORT ORANGE FL 32127~~

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Donald S. Napolitano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

Daytime Phone #

CR2E034 (10/02)