

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029445

1. Entity Name

D. P. S. TRADING, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90046 032 \*\*\*150.00

Principal Place of Business

Mailing Address

9100 3RD STREET, NORTH  
 ST. PETERSBURG FL 33702

9100 3RD STREET, NORTH  
 ST. PETERSBURG FL 33702-3246

2. Principal Place of Business

143 19<sup>TH</sup> AVE SOUTH

3. Mailing Address

143 19<sup>TH</sup> AVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FLORIDA

City & State

ST PETERSBURG FLORIDA

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

FL 33705

Country

U.S.A.

Zip

FL 33705

Country

USA

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

MANEEKRUA, INTIRA  
 9100 3RD STREET, NORTH  
 ST. PETERSBURG FL 33702

Name

STEPHENSON, DAVID, P.

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

143 19<sup>TH</sup> AVE SOUTH

City

ST PETERSBURG

FL

Zip Code

33705

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1<sup>ST</sup> MARCH 2000

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, 2000 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 D ☒ Delete  
 NAME STEPHENSON, DAVID P  
 STREET ADDRESS 9100 3RD STREET, NORTH  
 CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE D ☒ Change ☐ Addition  
 NAME STEPHENSON, DAVID P.  
 STREET ADDRESS 143 19<sup>TH</sup> AVE SOUTH  
 CITY-ST-ZIP ST. PETERSBURG FLORIDA FL 33705

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1<sup>ST</sup> MARCH 2000 (727)-822-5089

Date

Daytime Phone #

CR2E034 (9/99)