

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029445

1. Entity Name

D. P. S. TRADING, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90005 041 ***150.00

Principal Place of Business

143 19TH AVE SOUTH
SAINT PETERSBURG FL 33705
US

Mailing Address

143 19TH AVE SOUTH
SAINT PETERSBURG FL 33705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR



Applied For

Not Applicable

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

STEPHENSON, DAVID P
143 19TH AVE SOUTH
SAINT PETERSBURG FL 33705

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.

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 \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, DAVID P 143 19TH AVE SOUTH SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # P95000029445-
748986

David Stephenson
143 Nineteenth Ave South
Old South East
St. Petersburg
Florida
FL 33705
U.S.A.

18th April 01

~~Florida Dept Of State~~
of Corporations

Dear Sir or Madam,

I have return the form duly completed, however one question on the form, i.e. the question 4, FEI number, states APPIED FOR. I have through my accountant applied for this number, but as of yet we have not received any reply with a number.

In view of the fact the dead line day of the 1st May is very close now I am sending the form with the file fees, before this date arrives. I will of course send to you the FEI number as soon as we receive it.

Many thanks for your anticipated help in this matter.

Yours faithfully,



David Stephenson