

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90412 012 ***150.00

DOCUMENT # P99000029445

1. Entity Name
D. P. S. TRADING, INC.

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

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **143 19TH AVE SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mr. D. STEPHENSON 9th Apr 02

CR2E034 (9/01)

Attachment # DDP 99000029445
774539

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: 4-20-01

0716 927265

Tele-Tin Number: 770-455-2360

Fax Number: 678-530-6156

D.P.S. TRADING, INC.

143 19th Ave. S.

ST. PETERSBURG, FL. 33705

Let's see file
sent 8/2/01
02

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, Vice President, other principal officer or member of LLC.
 - B. Partnership - General partner or member of LLC.
 - C. Trust - Grantor/Trustor (person who established the trust).
 - D. Estate - Decedent on line 8a.
 - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
 - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
 - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date business started or acquired.
 - B. Partnership - Date partnership agreement went into effect.
 - C. Trust - Date trust was created or funded.
 - D. Estate - Date of death of the decedent.
 - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate of Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.

(over)

Attachment
P99000029445
774539

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

09 April 2002

Divisions of Corporations
Uniform Business Filings
P O Box 1500
Tallahassee
FL 32302

Dear Sir or Madam:

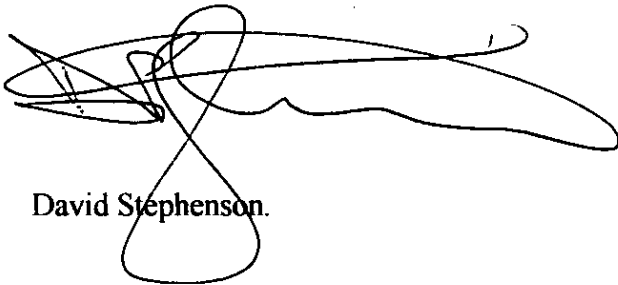
RE: D P S Trading Inc.

As you will note from the document P99000029445 in the box number four there is the statement "Applied For". I realise that in your notes on the reverse of this form you ask that a number should now be provided. As you will see from the enclosed photocopy I am in correspondence with the IRS, but as to date they have not yet issued a FEI number.

I am still awaiting reply of a letter I sent to them 8th January 02, and hope that this will produce the FEI you require.

As soon as I have this FEI number I will forward it on to your office.

I remain yours truly,



David Stephenson.