

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047285

1. Entity Name

DIGISAT, INC.

Principal Place of Business

5537 CORDGRASS LN
MELBOURNE BEACH FL 32951

Mailing Address

5537 CORDGRASS LN
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DETTMER, DALE A
304 S HARBOR CITY BLVD
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name **F. DONALD LEHRMANN**
Street Address (P.O. Box Number is Not Acceptable)
5537 CORD GRASS LANE
City **MELBOURNE BEACH** FL Zip Code **32951**

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 **F. DONALD LEHRMANN**
F. Donald Lehmann

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/01**

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

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DETTMER, DALE A | |
| STREET ADDRESS | 304 S HARBOR CITY BLVD | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | P.C.S.D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | F. DONALD LEHRMANN | |
| STREET ADDRESS | 5537 CORD GRASS LANE | |
| CITY-ST-ZIP | MELBOURNE BEACH, FLA. 32951 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

F. Donald Lehmann **F. DONALD LEHRMANN** **4/28/01** **321-432-1612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-16-2001 90044 040 ***150.00



DO NOT WRITE IN THIS SPACE

0022663

CR2E034 (10/00)