

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90122 025 \*\*\*150.00

**DOCUMENT # P99000047285**

**1. Entity Name**  
**DIGISAT, INC.**



**Principal Place of Business**  
**2031 BLUE HERON DR**  
**MELBOURNE FL 32940**

**Mailing Address**  
**2031 BLUE HERON DR**  
**MELBOURNE FL 32940**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3577453**

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**

**LEHRMAN, F. DONALD**  
**5537 CORD GRASS LANE**  
**MELBOURNE BEACH FL 32951**

Name

**F. DONALD LEHRMANN**

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

**2031 BLUE HERON DR**

City

**MELBOURNE**

FL

Zip Code

**32940**

**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

*F. Donald Lehmann*

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PCSD**  
**LEHRMAN, F. DONALD**  
**5537 CORD GRSS LANE**  
**MELBOURNE BEACH FL 32951**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PCSD**  
**LEHRMANN, F. DONALD**  
**2031 BLUE HERON DR.**  
**MELBOURNE, FL 32940**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*F. Donald Lehmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)