

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90709 001 \*\*\*150.00  
03-10-2003 90709 002 \*\*\*\*\*8.75

**DOCUMENT # P99000050580**



1. Entity Name  
**DAIRY BLOWMOLDING SPECIALISTS, INC.**

Principal Place of Business  
**5203 SILVERADO WAY  
VALRICO FL 33594**

Mailing Address  
**5203 SILVERADO WAY  
VALRICO FL 33594**

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 **59-3581993**

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

**LASMAN, JEFFREY M ESQ  
811-B CYPRESS VILLAGE BLVD  
RUSKIN FL 33573**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSD WALLER, ROBERT**  
STREET ADDRESS **5203 SILVERADO WAY**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition  
NAME **P/S/D WALLER, ROBERT E.**  
STREET ADDRESS **5203 SILVERADO WAY**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Delete  
NAME **VTD WALLER, CYNTHIA D**  
STREET ADDRESS **5203 SILVER WAY**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition  
NAME **V/T/D WALLER, CYNTHIA D.**  
STREET ADDRESS **5203 SILVERADO WAY**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **ROBERT E. WALLER** (813) 681-3641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)