

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90013 044 \*\*\*150.00

DOCUMENT # P99000107908

1. Entity Name

B D S INVESTMENTS, INC.

Principal Place of Business

1975 E SUNRISE BLVD

~~521 #405~~  
 FORT LAUDERDALE FL 33304

Mailing Address

1975 E SUNRISE BLVD

~~521 #405~~  
 FORT LAUDERDALE FL 33304

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 65-0987037

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

 PITTER, CARL S  
 7447 NORTH WEST 57 STREET  
 TAMARAC FL 33319

7. Name and Address of New Registered Agent

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 \$350.00**  
**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 NAME ☐ Delete  
 DPTS  
 GILL, WADE A  
 STREET ADDRESS 1975 E SUNRISE BLVD ~~#521~~ #405  
 CITY-ST-ZIP FORT LAUDERDALE FL 33304

 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

 TITLE NAME ☐ Change ☐ Addition  
 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

VIA SECRETARY