

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22996		
1. Entity Name DNRS, INC.		
Principal Place of Business 2532 W INDIANTOWN RD SUITE A-4 JUPITER, FL 33458 US		Mailing Address 2532 W INDIANTOWN RD SUITE A-4 JUPITER, FL 33458 US
2. Principal Place of Business 1851 W. Indiantown Rd. Ste. 103 Jupiter, FL 33458 USA		3. Mailing Address 1851 W. Indiantown Rd. Ste. 103 Jupiter, FL 33458 USA
4. FEI Number 65-0236979		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHEFFER, NICHOLAS R 2532 W INDIANTOWN RD SUITE A4 JUPITER, FL 33458		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Nicholas R. Sheffer</i> DATE: 4-27-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)		
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: P NAME: SHEFFER, NICHOLAS R. STREET ADDRESS: 2532 W INDIANTOWN RD CITY-ST-ZIP: JUPITER, FL 33458 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition
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: <i>Nicholas R. Sheffer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4-27-03 Daytime Phone #: 561-329-6011

90123613



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)