

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am  
Secretary of State

07-07-2000 90008 014 \*\*\*150.00

00068037

DO NOT WRITE IN THIS SPACE

DOCUMENT # S49192

1. Entity Name

DTS MECHANICAL SALES, INC.

Principal Place of Business

Mailing Address

4810 N.W. 49TH COURT

4810 N.W. 49TH COURT

FT. LAUDERDALE, FL 33319

FT. LAUDERDALE, FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0256021

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

PARSONS, WILLIAM T.

4810 N.W. 49TH COURT

FT. LAUDERDALE, FL 33319

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PARSONS, WILLIAM T.  
4810 N.W. 49TH COURT  
FT. LAUDERDALE, FL 33319

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

William T. Parsons  
WILLIAM T. PARSONS  
OFFICER OR DIRECTOR

Date

Daytime Phone #

6-20-2000 954-485-5100

*Richard Amado, C.P.A., P.A.*

*Attachment  
DT#549192  
DN#68037*

CERTIFIED PUBLIC ACCOUNTANT

7101 WEST McNAB ROAD  
SUITE 201  
TAMARAC, FLORIDA 33321

BROWARD (954) 720-9596  
FAX (954) 720-5954  
TOLL FREE: 800-330-1CPA  
E-mail: ramado@mindspring.com

June 27, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

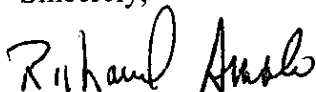
Re: DTS Mechanical Sales, Inc.  
EIN 65-0256021  
Uniform Business Report

Dear Sir/Madam:

Enclosed is the 2000 Uniform Business Report for DTS Mechanical Sales, Inc. (taxpayer).  
Taxpayer never received this form in the mail, and had to request a blank copy. Please note that  
in the future the mailing address should be 4810 NW 49<sup>th</sup> Court, Ft. Lauderdale, FL 33319.

We respectfully request that you accept this report, along with a check for \$150 as timely filed.

Sincerely,



Richard Amado, CPA for taxpayer

RA/jm

Enclosures

cc: DTS Mechanical Sales, Inc.