

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90178 047 \*\*\*150.00

DOCUMENT # **884040 ✓**

1. Entity Name  
**DSA Computers**

Principal Place of Business Mailing Address  
**10001 N.W. 50 Street**  
**Suite 104**  
**Sunrise FL 33351**

2. Principal Place of Business 3. Mailing Address  
**10001 NW 50 Street** **10001 NW 50 Street**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 104** **Suite 104**

City & State City & State  
**Sunrise FL** **Sunrise FL**  
 Zip Country Zip Country  
**33351 US** **33351 US**

4. FEI Number Applied For  
**65-0297105** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**Corporation Service Co.**  
**1201 Hays Street**  
**Tallahassee, FL 32301-2525**

## 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 \_\_\_\_\_ (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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President & Secretary & Dir.	David Seal	10001 NW 50 Street #104	Sunrise FL 33351	<input type="checkbox"/>
Chief Executive Off. & Treasurer & Dir.	Mark D. Cobb	10001 NW 50 Street #104	Sunrise FL 33351	<input type="checkbox"/>
Director	Donald E. Darden	10001 N.W. 50 Street #104	Sunrise FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **David Seal** **4/26/01 954-746-8910**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)