

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65118

1. Entity Name

DLSA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90981 018 ***150.00

Principal Place of Business

Mailing Address

702 S. DIXIE HWY
 LAKE WORTH FL 33460
 US

PO BOX 5865
 LK WORTH FL 33466-5865
 US

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

65-0356966

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

SISSON, DUANE L
 926 LA COSTA WAY
 LANTANA FL 33462

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	D	<input type="checkbox"/> Delete
NAME	SISSON, DUANE L	
STREET ADDRESS	926 LA COSTA WAY	
CITY-ST-ZIP	LANTANA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SISSON, MARGARET	
STREET ADDRESS	926 LA COSTA WAY	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD-	<input type="checkbox"/> Delete
NAME	SISSON, D. LYLE	
STREET ADDRESS	3938 KENSKILL CIR	
CITY-ST-ZIP	LANTANA FL	
TITLE	VM	<input type="checkbox"/> Delete
NAME	SISSON, DALE L.	
STREET ADDRESS	3841 DALE RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISSON, D. LYLE	
STREET ADDRESS	11160 ORANGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

CR2E034 (9/99)