

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000016**

1. Entity Name
DCS GROUP, L.C.

FILED

00 JAN 14 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7619 HATTERAS DRIVE
HUDSON FL 34667

Mailing Address
7619 HATTERAS DRIVE
HUDSON FL 34667-3963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3486005

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM MCNEES, RANDY R
STREET ADDRESS **7619 HATTERAS DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
000003105730--0
-01/21/00--01019-02C
*******50.00 *****50.00**

TITLE NAME Delete
MGRM DAVIS, DAVID R
STREET ADDRESS **7619 HATTERAS DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED. DAVIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/10/2000 **727-869-9040**
Date Daytime Phone #