## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P93000035260 DOCUMENT #

1. Entity Name

D AND C IMPORT-EXPORT, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90082 018 \*\*\*150.00

Principal Place of Business 3089 DELTONA BLVD. SPRING HILL FL 34606			Mailing Address 3089 DELTONA BLVD. SPRING HILL FL 34606						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			# 1887/1887 418   18188 47117 98117 88117 88117 88		JOHO BILLI OUTI	1881
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	9	City & State	City & State			4. FEI Number 59-3179418			or icable
Zip	Country Zip Cou		Count	try	5. (	Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent	1	, <u>.</u>	~~ · 7. · N	lame and Address of New Register	ed Agent		
				Name					
· ·	nichard e Tona Blyd.		Street Addr		ess (P.O. Box Number is Not Acceptable)				
~ ]	IILL FL 34606								
) (	net 1 C 0 1000		City			F	Zip	Code	
	named entity submits this stateme ions of registered agent.	nt for the purpose of chang	ing its registere	ed office or regis	stered age	ent, or both, in the State of Florida. 1 a	ım familiar v	vith, and ac	cept
SIGNATURE.	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registered	d Agent signature requ	uired when re	instating) DAT	E		_
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.		5.00 May	
10.	OFFICERS A	AND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECT	FORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D GROSSS, RICHARD E 3089 DELTONA BLVD. SPRING HILL FL 34606	☐ Delete	NAMI STRE				☐ Char	nge 🔲 A	ddition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSS, CAROLAD R 3089 DELTONA BLVD. SPRING HILL FL 34606	☐ Delete	NAM! STRE				☐ Chai	nge 🗌 A	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM. STRE				☐ Chai	nge 🗀 A	Addition
12 I hereby	certify that the information supplied	I with this filing does not au	alify for the exe	motion stated in	Section	119.07(3)(i), Florida Statutes. I further	certify that	the informa	ition

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:

(352)666-8435 Daylime Phone #