

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90139 022 \*\*\*150.00

**DOCUMENT # P97000108598**

1. Entity Name  
**DORTCH ENTERPRISES, INC.**

Principal Place of Business 6425 ULMERTON ROAD LARGO FL 33771		Mailing Address 6425 ULMERTON ROAD LARGO FL 33771-4918	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

102429



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3485182</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>DORTCH, DONALD D 6425 ULMERTON ROAD LARGO FL 33771</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: Donald Dortch (Signature, typed or printed name of registered agent and title if applicable)  
 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: 1-10-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEES \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>DORTCH, DOROTHY</b>	TITLE: <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>DORTCH, DONALD</b>
STREET ADDRESS: <b>3225 ROSEY RD NE</b>	CITY-ST-ZIP: <b>LARGO FL 33771</b>	STREET ADDRESS: <b>3225 ROSEY RD, NE</b>	CITY-ST-ZIP: <b>LARGO FL 33771</b>
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	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: 1-10-00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)