

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90032 045 ***150.00

DOCUMENT # F82128

1. Entity Name
D.C. ACCOUNTING, INC.

Principal Place of Business 1919 N.E. 45TH STREET, SUITE 122 C/O SHIRLEY F. DAVIS FT. LAUDERDALE FL 33308	Mailing Address 1919 N.E. 45TH STREET, SUITE 122 C/O SHIRLEY F. DAVIS FT. LAUDERDALE FL 33308
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2. Principal Place of Business 621 NE 61 STREET Suite, Apt. #, etc.	3. Mailing Address 621 NE 61 STREET Suite, Apt. #, etc.
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City & State FT LAUDERDALE, FL Zip 33334 Country BROWARD	City & State FT LAUDERDALE, FL Zip 33334 Country BROWARD
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2188086	Applied For <input type="checkbox"/> Not Applicable
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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

DAVIS, SHIRLEY F.
1919 N.E. 45TH STREET, SUITE 122
FT. LAUDERDALE FL 33308

Name
 Street Address (P.O. Box Number is Not Acceptable)
621 NE 61 STREET
FT LAUDERDALE
 City **FL** Zip Code **33334**

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 **SHIRLEY F. DAVIS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, SHIRLEY F. 621 NE 61 ST FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Shirley F. Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01
 Date

954-491-7746
 Daytime Phone #

CR2E034 (10/00)