

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90034 040 ***150.00

SECRET AT

DOCUMENT # F97000000544

1. Entity Name
DCOTA GENERAL, INC.

Principal Place of Business Mailing Address

1700 STUTZ DRIVE. NO. 25 **1700 STUTZ DRIVE. NO. 25**
TROY MI 48084 **TROY MI 48084**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

38-3324205 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~GODOFSKY, LAWRENCE~~
~~4221 BRICKELL AVENUE~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name **Registered Agents of Florida, LLC**

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd Street, Suite 3500

City **Miami** State **FL** Zip Code **33131**

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 Charles J. Rennert **Charles J. Rennert, VP** **2-14-02**

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, 2002 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

TITLE	PDS	<input type="checkbox"/> Delete
NAME	DANTO, JAMES H	
STREET ADDRESS	1700 STUTZ DRIVE #25	
CITY-ST-ZIP	TROY MI 48084	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DANTO, BETTY J	
STREET ADDRESS	1700 STUTZ DRIVE #25	
CITY-ST-ZIP	TROY MI 48084	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANTO, MARVIN I	
STREET ADDRESS	1700 STUTZ DRIVE #25	
CITY-ST-ZIP	TROY MI 48084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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: James H. Danto **JAMES H. DANTO** **1/25/02** **248-649-4770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)