2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State
06-25-2001 90043 026 ***150.00

DOCUMENT # F98000000172

1. Entity Name
DCC SHOPRIDER INC.

Principal Place of Business	Mailing Address
3635 SW 30TH AVE FT. LAUDERDALE FL 33312	3635 SW 30TH AVE FT.LAUDERALE FL 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3540 NW 56th St.	3540 NW 56th St.
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.: Suite 206
City & State: Ft Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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

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	PCEO TEETERS, DANIEL J 3635 SW 30TH AVE FT. LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO Easter, F. Marcell 3540 NW 56th St. Suite 206 Ft Lauderdale FL 33309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'KEEFFE, COLMAN 3635 SW 30TH AVE FT. LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/CEO TEETERS, Daniel J. 3540 NW 56th St. Suite206 Ft. Lauderdale, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROWE, MORGAN 3635 SW 30TH AVE FT LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'Keefe, Colman 3540 NW 56th St Suite206 Ft Lauderdale, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALTON, JOHN 3635 SW 30TH AVE FT. LAUDERDALE FL 33312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROWE, MORGAN 3540 NW 56th St. Suite 206 Ft. Lauderdale, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ Daniel J Teeters 4/25/01 954-535-0781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #