

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90017 025 ***150.00

0075177 AV

DOCUMENT # G14243

1. Entity Name

D C MANAGEMENT, INC.

Principal Place of Business

Mailing Address

% DAVID C. BENGTSON
 2206 S GROVE ST.
 EUSTIS FL 32726

% DAVID C. BENGTSON
 2206 S GROVE ST.
 EUSTIS FL 32726



2. Principal Place of Business

3. Mailing Address

351 W 10TH AVE.

351 W. 10TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MT. DORA

MT. DORA

City & State

City & State

MT. DORA FLA.

MT. DORA FLA.

Zip

Country

Zip

Country

32757

LAKE

32757

LAKE

4. FEI Number

59-2235360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENGTSON, DAVID C.
2206 S GROVE ST.
EUSTIS FL 32726

Name **DAVID C. BENGTSON**

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

351 W. 10TH AVE.

City

MT. DORA

FL

Zip Code

32757

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 *David C. Bengtson*
 Signature, typed or printed name of registered agent and title if applicable.

DAVID C. BENGTSON Pres.

2-12-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BENGTSON, DAVID C	
STREET ADDRESS	2206 S. GROVE ST.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENGTSON, DAVID C	
STREET ADDRESS	2206 S. GROVE ST.	
CITY-ST-ZIP	EUSTIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGTSON, DAVID C	
STREET ADDRESS	351 W 10TH AVE	
CITY-ST-ZIP	MT. DORA FLA. 32757	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGTSON, DAVID C	
STREET ADDRESS	351 W. 10TH AVE	
CITY-ST-ZIP	MT. DORA FLA 32757	
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		
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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: *David C. Bengtson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02
 Date

352 735 4364
 Daytime Phone #

CR2E034 (9/01)