

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21430

Entity Name

D.F.C..of South Florida, Inc.

NC 12/18/2000
TK**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90171 010 ***150.00

Principal Place of Business Mailing Address
9000 Sheridan Street 9000 Sheridan Street
Suite #136 Suite #136
Pembroke Pines, FL 33024 Pembroke Pines, FL 33024

00046291

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0063940 Not Applicable

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

6. Name and Address of Current Registered Agent

William Duffey
9000 Sheridan Street
Suite #136
Pembroke Pines, FL 33024

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete P William Duffey 9000 Sheridan Street #136 Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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I hereby certify that the information indicated on this report or supplement to this report is true and correct, 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 thereof, or an authorized representative thereof, and that my name appears in Block 11 or Block 12 of this report, and that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report, and that I am empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

William Duffey

OFFICER OR DIRECTOR

4/23/01

Date

954-431-4846

Daytime Phone #

CR2E034 (10/00)