

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91454 004 \*\*\*150.00

**DOCUMENT # L96237**

1. Entity Name  
**D C INVESTMENTS (ORLANDO), INC.**



Principal Place of Business  
**11 CHURCH STREET  
SUITE 200  
TORONTO ON M5E -1W1  
CA**

Mailing Address  
**11 CHURCH STREET  
SUITE 200  
TORONTO ON M5E -1W1  
CA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0113220**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**SMITH, RALPH SR.  
12553 LAKE UNDERHILL DRIVE  
ORLANDO FL 32828**

## 7. Name and Address of New Registered Agent

Name **SMITH RALPH SR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6003 RIVERSIDE DRIVE**  
City **YANKEETOWN FL** Zip Code **34498**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RALPH SMITH** **4/23/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	STEIN, MICHAEL	
STREET ADDRESS	11 CHURCH STREET, SUITE 200	
CITY-ST-ZIP	TORONTO ON M5E-1-1	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JACOBSON, RUSSELL	
STREET ADDRESS	11 CHURCH ST #200	
CITY-ST-ZIP	TORONTO ON M5E- 1W1	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	POWERS, THOMAS E	
STREET ADDRESS	11 CHURCH ST #200	
CITY-ST-ZIP	TORONTO ON M5E- 1W1	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BHARUCHA, YAZDI	
STREET ADDRESS	11 CHURCH ST #200	
CITY-ST-ZIP	TORONTO ON M5E- 1W1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEIN, MICHAEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 22, 2003 416.861.5787**

Date Daytime Phone #

CR2E034 (10/02)