

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90215 021 \*\*\*150.00

**DOCUMENT # P00000025930**

1. Entity Name  
**D.L.C. PROPERTIES, INC.**



Principal Place of Business  
**2334 E. ST. RD. 200, STE. 300**  
**FERNANDINA BEACH FL 32034**

Mailing Address  
**2334 E. ST. RD. 200, STE. 300**  
**FERNANDINA BEACH FL 32034**

2. Principal Place of Business  
**1610 S. 8th Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**1610 S. 8th Street**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Fernandina Beach FL**  
Zip  
**32034**

City & State  
**Fernandina Beach FL**  
Zip  
**32034**

4. FEI Number  
**59-3633184**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCCARROLL, LORIE L CPA**  
**2334 E. ST. RD. 200, STE. 300**  
**FERNANDINA BEACH FL 32034**

**7. Name and Address of New Registered Agent**

Name  
**LORIE L. CHISM**

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

**1610 S. 8th St.**

City **Fernandina Beach** FL Zip Code **32034**

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 **Lorie L. Chism**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/4/03**  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MILLER, DAVID F JR**  
CITY-ST-ZIP **42 MARSH CREEK RD.**  
**FERNANDINA BEACH FL 32034**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCCARROLL, LORIE L**  
CITY-ST-ZIP **2334 E. ST. RD. 200, STE. 300**  
**FERNANDINA BEACH FL 32034**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MILLER, CLARA V**  
CITY-ST-ZIP **112 GREEN STONE LN.**  
**CARY NC 27511**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Chism, LORIE L.**  
CITY-ST-ZIP **4454 Pinay Island Court**  
**Fernandina Beach, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **LORIE L. CHISM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/03** **904-277-0009**  
Date Daytime Phone #

CR2E034 (10/02)