

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90786 011 ***150.00

DOCUMENT # P00000035291

1. Entity Name
DVCOM TECHNOLOGY GROUP, INC.



Principal Place of Business
**2950 POWERS AVENUE
JACKSONVILLE FL 32207**

Mailing Address
**2950 POWERS AVENUE
JACKSONVILLE FL 32207**



2. Principal Place of Business
4905 Belfort Rd.

3. Mailing Address
4905 Belfort Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

110

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32256

USA

32256

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3637714**

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

**DOYLE, WILLIAM E ESQ.
2002 SOUTHSIDE BOULEVARD
SUITE 201
JACKSONVILLE FL 32216**

Name **Cohen, Lance**
Street Address (P.O. Box Number is Not Acceptable)
1723 Blanding Blvd.
Suite 102
City **Jacksonville** **FL** Zip Code **32210**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
SANTOS, MICHAEL G ☒ Delete
1157 CREEKS EDGE COURT
PONTE VEDRA BEACH FL 32082

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, DAVID T ☐ Delete
2135 FOREST GATE DR. E.
JACKSONVILLE FL 32246

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. SMITH

Date

Daytime Phone #

1-24-03 904 306-2200

CR2E034 (10/02)