

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90044 043 \*\*\*150.00

DOCUMENT # P00000049800

1. Entity Name

DC WORLDWIDE ENTERPRISES, INC.

Principal Place of Business

9456 ARBOL COURT  
LARGO FL 33773-1239

Mailing Address

9456 ARBOL COURT  
LARGO FL 33773-1239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MEYERS, DAVID  
9403 ARBOL COURT  
LARGO FL 33773

7. Name and Address of New Registered Agent

Name Christopher D Rath

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

9456 Arbol Court

City Largo

FL Zip Code 33773

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

Christopher D Rath

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

(NOTE: Registered Agent signature required when reinstating)

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, 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**

11. OFFICERS AND DIRECTORS

TITLE DVS  
NAME MEYERS, DAVID  
STREET ADDRESS 9403 ARBOL COURT  
CITY-ST-ZIP LARGO FL 33773 ☒ Delete

TITLE DPT  
NAME RATH, CHRISTOPHER D  
STREET ADDRESS 9456 ARBOL COURT  
CITY-ST-ZIP LARGO FL 33773 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS  
NAME RATH, DEBORAH JEAN  
STREET ADDRESS 9456 Arbol COURT  
CITY-ST-ZIP LARGO, FL 33773 ☐ Change ☒ Addition

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

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

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

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

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

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:

Christopher D Rath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 397-6666

0374092

CR2E034 (10/00)