

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90014 027 \*\*\*150.00

**DOCUMENT # P01000003485**

1. Entity Name

D.C. & DEANNA HOLDINGS, INC.

Principal Place of Business  
 6822 OLD POLK CITY ROAD  
 LAKE LAND FL 33809

Mailing Address  
 6822 OLD POLK CITY ROAD  
 LAKE LAND FL 33809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593690264

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name D.C. LONG

Street Address (P.O. Box Number is Not Acceptable)  
 6822 OLD POLK CITY ROAD

City LAKE LAND

FL

Zip Code 33809

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

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, 2002 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 PD  
 NAME LONG, D.C.  
 STREET ADDRESS 6822 OLD POLK CITY ROAD  
 CITY-ST-ZIP LAKE LAND FL 33809

Delete

TITLE STD  
 NAME LONG, DEANNA  
 STREET ADDRESS 6822 OLD POLK CITY ROAD  
 CITY-ST-ZIP LAKE LAND FL 33809

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change Addition

TITLE VPD  
 NAME SHAWN LONG  
 STREET ADDRESS 254 CHADONNAY PLACE  
 CITY-ST-ZIP KAIKICO, FL 33554

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/01)