

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90182 007 ***150.00

DOCUMENT # P01000024504

1. Entity Name
DCH GROUP, INC.



Principal Place of Business
**2340 HOMESTEAD TERRACE S.
PALM HARBOR FL 34683**

Mailing Address
**2340 HOMESTEAD TERRACE S.
PALM HARBOR FL 34683**

**12726 TAR FLOWER DR.
TAMPA FL 33626**

same

2. Principal Place of Business

3. Mailing Address

12726 TAR FLOWER DR.

12726 TAR FLOWER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL.

City & State
TAMPA FL

4. FEI Number
59-3710127

Applied For
☐ Not Applicable

Zip
33626

Country

Zip
33626

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOROCKI, CHRISTOPHER

**2340 HOMESTEAD TERRACE S. 12726 TAR FLOWER DR.
PALM HARBOR FL 34683 TAMPA, FL 33626**

Name

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

City

FL

Zip Code

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

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 P	<input type="checkbox"/> Delete
NAME HOROCKI, CHRISTOPHER	
STREET ADDRESS 2340 HOMESTEAD TERRACE S.	
CITY-ST-ZIP PALM HARBOR FL 34683	
TITLE V	<input type="checkbox"/> Delete
NAME HOROCKI, DOROTHY	
STREET ADDRESS 2340 HOMESTEAD TERRACE S.	
CITY-ST-ZIP PALM HARBOR FL 34683	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOROCKI, CHRISTOPHER	
STREET ADDRESS 12726 TAR FLOWER DR.	
CITY-ST-ZIP TAMPA, FL 33626	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOROCKI, DOROTHY	
STREET ADDRESS 12726 TAR FLOWER DR.	
CITY-ST-ZIP TAMPA, FL 33626	
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
CHRISTOPHER HOROCKI

Date

Daytime Phone #

2/10/03

813-855-5894

CR2E034 (10/02)