

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90226 011 \*\*\*150.00

**DOCUMENT # P01000032376**

1. Entity Name

**DCHW GROUP INC.**

Principal Place of Business

**8628 HUNTERS KEY CIRCLE  
TAMPA FL 33647**

Mailing Address

**8628 HUNTERS KEY CIRCLE  
TAMPA FL 33647**

2. Principal Place of Business

**17728 OAK Bridge St**  
Suite, Apt. #, etc.

3. Mailing Address

**17728 OAK Bridge St.**  
Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip  
**33647**

Country

City & State

**Tampa, FL**

Zip  
**33647**

Country

4. FEI Number

**59-3708314**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILCOX, DAVID C H  
8628 HUNTERS KEY CIRCLE  
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **David C.H. Wilcox**  
Street Address (P.O. Box Number is Not Acceptable)

**17728 OAK Bridge St**

City **Tampa**

**FL**

Zip Code **33647**

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 **David Wilcox / President**

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

(NOTE: Registered Agent signature required when reinstating)

**1/10/02**  
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 **Vice President** ☐ Delete  
NAME **Robert L. Wilcox**  
STREET ADDRESS **4563 Windsor Park**  
CITY-ST-ZIP **Sarasota, FL 34235**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 #

**1/07/02**

**813-994-4773**

CR2E034 (9/01)