

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 009 ***150.00

DOCUMENT # **P01000035162**

1. Entity Name

DNC, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4115 BUNN HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

4115 BUNN HIGHWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FLORIDA

City & State
TAMPA FLORIDA

4. FEI Number

59-3718447

Applied For

Not Applicable

Zip

Country

33624

HILLSBOROUGH

Zip

Country

33624

HILLSBOROUGH

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MORRIS A. LECOMTE

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

100 - 2ND AVENUE SOUTH

#1201

City

ST. PETERSBURG

FL

Zip Code

33701

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/T
NAZEEM AGENCY
4115 BUNN HIGHWAY
TAMPA FL 33624**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nazeem M. Agency

NAZEEM M. AGENCY

04/30/02 (813)264-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)