

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035427

1. Entity Name  
D & C MANAGEMENT GROUP, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90287 015 \*\*\*150.00

0015001 AV

Principal Place of Business  
110 E ATLANTIC AVE  
SUITE 310  
DELRAY BCH FL 33444  
US

Mailing Address  
110 E ATLANTIC AVE  
SUITE 310  
DELRAY BCH FL 33444  
US



2. Principal Place of Business  
185 NW Spanish River Bv  
Suite, Apt. #, etc.  
240

3. Mailing Address  
185 NW Spanish River Bv  
Suite, Apt. #, etc.  
240

☐ CHECK HERE IF MAKING CHANGES

City & State  
Boca Raton FL

City & State  
Boca Raton FL

Zip  
33431

Country  
USA

Zip  
33431

Country  
USA

4. FEI Number 65-0411457

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
FEDER, GARY  
11575 HERON BAY BV 309  
CORAL SPG FL 33076

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, MITCHELL S	
STREET ADDRESS	110 E ATLANTIC AVE, STE 310	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORDO, WILLIAM S	
STREET ADDRESS	110 E ATLANTIC AVE, STE 310	
CITY-ST-ZIP	DELRAY BCH FL 33444	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Mitchell S	
STREET ADDRESS	185 NW Spanish River Blvd #240	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cordo, William S	
STREET ADDRESS	185 NW Spanish River Blvd #240	
CITY-ST-ZIP	Boca Raton, FL 33431	
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 all other like empowered.

SIGNATURE: Mitch Davis 4/1/03 561-750-7794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)