

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

02-01-2001 90121032 150.00

DOCUMENT # P95000004095

1. Entity Name
D.S.C. GROUP, INC.

FILED

01 APR -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
6104 31ST ST E
BRADENTON FL 34203
US

Mailing Address
6104 31ST ST E
BRADENTON FL 34203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0561759

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

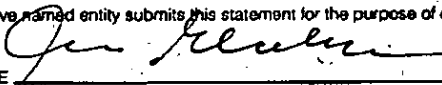
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICKOFF, MICHAEL D
802 11TH ST. WEST
BRADENTON FL 34205

Name. ROBERT BLALOCK
Street Address (P.O. Box Number is Not Acceptable)
SAME
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.

SIGNATURE 

Robert Blalock 3/8/01

(NOTE: Registered Agent signature required when re-registering.)

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, 2001: 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

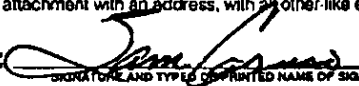
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAN CARUSO 1005 RIVERSIDE DRIVE, SLIP E42 PALMETTO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAM CARUSO 11915 UPPER MANATEE RIVER ROAD BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POSANI, ANDREA 1919 MILL CREEK RD BRADENTON FL 34202	☐ 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		☐ 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
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, 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:  SAM CARUSO

1/25/01

941-258-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/00)