

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039397

1. Entity Name  
DCW CONSTRUCTION INC.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90487 031 \*\*\*150.00

Principal Place of Business  
27145 COLASSA RD  
BROOKSVILLE FL 34601

Mailing Address  
23003 LAKE LINDSEY RD  
BROOKSVILLE FL 34601

ADD30670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

23003 Lake Lindsey Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number 59-3337038

Applied For

Not Applicable

Zip

34601

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, DARREN C  
27145 COLASSA RD  
BROOKSVILLE FL 34601

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.

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) ☐

**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	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, DARREN C	
STREET ADDRESS	27145 COLASSA RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, DARREN C	
STREET ADDRESS	27145 COLASSA RD.	
CITY-ST-ZIP	BROOKSVILLE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Darren Williamson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01 352-544-5535

Date

Daytime Phone #

CR2E034 (10/00)