

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070278

1. Entity Name
DC ENTERPRISES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

03-09-2000 90098 025 ***125.00
04-18-2000 90805 032 ****25.00

Principal Place of Business

1050 SW CHAPMAN WAY
PALM CITY FL 34990

Mailing Address

1050 SW CHAPMAN WAY
PALM CITY FL 34990-2473
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0652690

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

BERARDI, CAROL
1050 S.W. CHAPMAN WAY
PALM CITY FL 34990

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.

SIGNATURE

(Signature, typed or printed name of registered agent and fee 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, 2000 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 PS
NAME BERARDI, CAROL
STREET ADDRESS 1050 SW CHAPMAN WAY
CITY-ST-ZIP PALM CITY FL

☐ Delete

TITLE VT
NAME BERARDI, DENNIS
STREET ADDRESS 1050 SW CHAPMAN WAY
CITY-ST-ZIP PALM CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ 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. 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 #

CR2E034 (9/99)