

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000055205**1. Entity Name  
**D.L.C., INC.****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90085 011 \*\*\*150.00

Principal Place of Business

**9519 EAST MAIN BLVD**  
**TAMPA FL 33610**  
**US**

Mailing Address

**9519 EAST MAIN BLVD**  
**TAMPA FL 33610**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9519 East M.L.K. Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address

**9519 East M.L.K. Blvd.**  
Suite, Apt. #, etc.City & State  
**Tampa, Florida**City & State  
**Tampa, Florida**4. FEI Number **59-3386164**

Applied For

Not Applicable

Zip  
**33610** Country  
**USA**Zip  
**33610** Country  
**USA**5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, DAVID L**  
**9519 E. MARTIN LUTHER KING BLVD**  
**TAMPA FL 33610**

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

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

TITLE  
**TD** ☐ Delete  
NAME  
**GRANGER, DAVID M**  
STREET ADDRESS  
**1706 LARABIE CT**  
CITY-ST-ZIP  
**BRANDON FL 33511**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
**Director**  
STREET ADDRESS  
**David M. Granger**  
CITY-ST-ZIP  
**1706 Larabie Court**  
**Brandon, Florida 33511**TITLE ☐ Change ☒ Addition  
NAME  
**Director**  
STREET ADDRESS  
**David L. Chapman**  
CITY-ST-ZIP  
**16119 Gardendale Drive**  
**Tampa, Florida 33614**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID GRANGER**

Date

**01/04/01**

Daytime Phone #

**813 740 8100**

CR2E034 (10/00)