

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000090784**

1. Entity Name

DC TECHNOLOGIES, INCORPORATED**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91333 018 ***150.00

Principal Place of Business

Mailing Address

**18810 FOREST GLEN COURT
TAMPA FL 33647****P O BOX 46066
TAMPA FL 33647****00053783**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14497 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Tampa, FL4. FEI Number **59-3541527**

Applied For

Not Applicable

Zip

Country

Zip

Country

336185. 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

**CHENOWETH, DENISE L
18810 FOREST GLEN COURT
TAMPA FL 33647**

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 **P** ☐ Delete
NAME **CHENOWETH, DENISE L**
STREET ADDRESS **18810 FOREST GLEN COURT**
CITY-ST-ZIP **TAMPA FL 33647**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **CHENOWETH, THOMAS K**
STREET ADDRESS **18810 FOREST GLEN CT.**
CITY-ST-ZIP **TAMPA FL 33647**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/00)

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:**Denise L. Chenoweth 04/15/01 (813)994-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **9499**