

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90052 012 \*\*\*550.00

**DOCUMENT # P98000090784**

1. Entity Name  
**DC TECHNOLOGIES, INCORPORATED**

Principal Place of Business

**14497 N DALE MABRY HWY  
 200  
 TAMPA FL 33618**

Mailing Address

**P O BOX 48066  
 TAMPA FL 33647**

2. Principal Place of Business

**8907 REGENTS PARK DR.**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 350**

City & State

**Tampa, FL**

Zip  
**33647**

Country  
**USA**

City & State

Zip

Country

4. FEI Number **59-3541527**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**18116 SANDY POINTE DR.**

City

**Tampa**

**FL**

Zip Code

**33647**

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 **Denise L. Chenoweth** **Denise L. Chenoweth, President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/30/02**

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, 2002 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 **P** ☐ Delete  
 NAME **CHENOWETH, DENISE L**  
 STREET ADDRESS **18810 FOREST GLEN COURT**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **S** ☐ Delete  
 NAME **CHENOWETH, THOMAS K**  
 STREET ADDRESS **18810 FOREST GLEN CT.**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **CHENOWETH, DENISE L**  
 STREET ADDRESS **18116 SANDY POINTE DR.**  
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **S** ☒ Change ☐ Addition  
 NAME **CHENOWETH, THOMAS K.**  
 STREET ADDRESS **18116 SANDY POINTE DR.**  
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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:

**Denise L. Chenoweth**  
**President**

Date

**8/30/02**

Daytime Phone #

**(813) 907-3991**

CR2E034 (9/01)