


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90030 001 ***158.75

0641151 AT

DOCUMENT # P99000020858	
1. Entity Name DC FOLKS AND ASSOCIATES, INC.	

Principal Place of Business 2050 COLLIER AVE. #104 FORT MYERS FL 33901	Mailing Address PO BOX 50144 FT MYERS FL 33994
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2. Principal Place of Business VBRID 3476 Dr. H.L. King Blvd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FT. MYERS, FL	City & State
Zip 33916	Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0902448	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOLKS, DANA 1322 WINDSOR WAY TAMPA FL 33619	7. Name and Address of New Registered Agent Name <u>Dana PIERCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1370 Brookhill Drive</u> City <u>FT. MYERS</u> <u>FL</u> Zip Code <u>33916</u>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dana Pierce DATE 4/8/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>D</u> NAME <u>FOLKS, DANA</u> STREET ADDRESS <u>1322 WINDSOR WAY</u> CITY-ST-ZIP <u>TAMPA FL 33619</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME <u>PIERCE, Dana</u> STREET ADDRESS <u>3476 Dr. H.L. King BLVD</u> CITY-ST-ZIP <u>FT. MYERS, FL 33916</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <u>SIT</u> NAME <u>PIERCE, William</u> STREET ADDRESS <u>3476 Dr. H.L. King BLVD</u> CITY-ST-ZIP <u>FT. MYERS, FL 33916</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SICILANA PIERCE REQUIRED 4/8/03 (239) 218-8216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)