

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # **99000034284**

1. Entity Name

DCDAV INC

APPROVED
AND
FILED

00 DEC 14 PM 3:28

Principal Place of Business

Mailing Address

**219 E. DARSEY CROSSING
HAVANA FL 32333**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

219 E. DARSEY CROSSING

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAVANA FL

City & State

4. FEI Number

59-362-7221

Applied For

Not Applicable

Zip

32333

Country

USA

Zip

Country

5. 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

**DORSEY DAVIS
219 E. DARSEY CROSSING
HAVANA FL 32333**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** NAME **DORSEY DAVIS** ☐ Delete
STREET ADDRESS **219 E. DARSEY CROSSING**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **VP** NAME **ERIC S DAVIS** ☒ Change ☐ Addition
STREET ADDRESS **219 E. DARSEY CROSSING**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec** NAME **Billy Rathel** ☒ Change ☐ Addition
STREET ADDRESS **219 E. DARSEY CROSSING**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-00

933-6304

Date

Daytime Phone #

CR2E034 (9/99)