

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90047 025 ***150.00

DOCUMENT # P99000061619

1. Entity Name

DNT DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

871 EAST COMMERCIAL BLVD. 871 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL FT. LAUDERDALE, FL
33334 33334

2. Principal Place of Business

2505 SECOND AVE.
#400

3. Mailing Address

P.O. Box 2030
Suite, Apt. #, etc.

City & State
SEATTLE, WA

City & State
SEATTLE, WA

Zip
98121 Country
USA

Zip
98111 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-2002791

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BILLIE DECOTIS
871 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name **BILLIE DECOTIS**
 Street Address (P.O. Box Number is Not Acceptable)
5300 NO. FEDERAL HIGHWAY
 City **FT. LAUDERDALE** FL Zip Code **33308**

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]

BILLIE DECOTIS

4-25-2000

(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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D V T
STREET ADDRESS	BILLIE DECOTIS
CITY-ST-ZIP	5300 NO. FEDERAL HIGHWAY
	FT. LAUDERDALE, FL 33308
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D P S
STREET ADDRESS	SUSAN SMITH TERRY
CITY-ST-ZIP	2505 SECOND AVE. #400
	SEATTLE, WA 98121
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SUSAN SMITH TERRY 4-23-2000

Date

Daytime Phone #

CR2E034 (9/99)