

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2000 90047 025 \*\*\*150.00

80084426

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      3. Mailing Address  
**2505 SECOND AVE.                    P.O. Box 2030**  
 Suite, Apt. #, etc.                    Suite, Apt. #, etc.  
**#400**  
 City & State                            City & State  
**SEATTLE, WA                           SEATTLE, WA**  
 Zip                                        Zip                                        Country  
**98121                                      98111                                      USA**

DO NOT WRITE IN THIS SPACE


4. FEI Number      Applied For  
**91-2002791**      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  **BILLIE DECOTIS**      DATE **4-25-2000**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

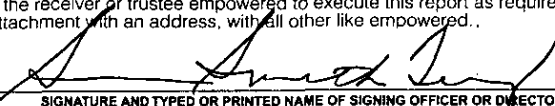
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D V T</b>
STREET ADDRESS		STREET ADDRESS	<b>BILLIE DECOTIS</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>5300 NO. FEDERAL HIGHWAY</b>
			<b>FT. LAUDERDALE, FL 33308</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>O P S</b>
STREET ADDRESS		STREET ADDRESS	<b>SUSAN SMITH TERRY</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>2505 SECOND AVE. #400</b>
			<b>SEATTLE, WA 98121</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **SUSAN SMITH TERRY**      DATE **4-23-2000**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/99)