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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2001 8:00 am DOCUMENT # P99000062347 Secretary of State DCM PROCESSORS, INC. 05-02-2001 90223 030 \*\*\*150.00 Principal Place of Business Mailing Address 6231 SW 78 STREET APT 16 1500 LAKE CRYSTAL DRIVE SOUTH MIAMI FL 33143 STE # H WEST PALM BEACH FL 33411 Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ste# City & State Applied For City & State 4. FEI Number 65-0934529 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired JA 33 411 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSH, DONALD C Street Address (P.O. Box Number is Not Acceptable) 1500 LAKE CRYSTAL DR STE # H WEST PALM BEACH FL 33411 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. MArsh, DONALD C. 1500 LAKE Crystal Dr # H ☐ Change TITLE Delete TITI F MARSH, DONALD C NAME NAME STREET ADDRESS STREET ADDRESS 1500 LAKE CRYSTAL DR # 11 WestPalm Beach, F1.33411 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Change TITLE ☐ Defete TITLE Zeller, Karen 1500 LAKE Crystal Dr. # H ZELLER, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 1500 LAKE CRYSTAL DRIVE # 11 CITY-ST-7IP WestPAIN BEARL F133411 CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change 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.