

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91199 012 \*\*\*150.00

**DOCUMENT # P99000062347**

**1. Entity Name**  
**DCM PROCESSORS, INC.**

**Principal Place of Business**  
**1500 LAKE CRYSTAL DRIVE**  
**STE H**  
**WEST PALM BEACH FL 33411**  
**US**

**Mailing Address**  
**1500 LAKE CRYSTAL DRIVE**  
**STE # H**  
**WEST PALM BEACH FL 33411**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**206 Sparrow Dr.**

Suite, Apt. #, etc.

**St # 2**

City & State

**Royal Palm Beach, FL**

Zip

**33411**

Country

**Palm Beach**

**3. Mailing Address**

**206 Sparrow Dr.**

Suite, Apt. #, etc.

**# 2**

City & State

**Royal Palm Beach, FL**

Zip

**33411**

Country

**Palm Beach**

**4. FEI Number 65-0934529**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**

**\*Fee Required\***

**6. Name and Address of Current Registered Agent**

**MARSH, DONALD C**  
**1500 LAKE CRYSTAL DR STE # H**  
**WEST PALM BEACH FL 33411**

**7. Name and Address of New Registered Agent**

Name

**MARSH, DONALD C.**

Street Address (P.O. Box Number is Not Acceptable)

**206 Sparrow Dr # 2**

**Royal Palm Beach**

City

**Royal Palm Beach**

**FL**

Zip Code

**33411**

**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** Donald C. Marsh  
 Signature, typed or printed name of registered agent and title if applicable.

Donald C. Marsh  
 (NOTE: Registered Agent signature required when reinstating)

4/30/02  
 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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARSH, DONALD C</b>	
STREET ADDRESS	<b>1500 LAKE CRYSTAL DRIVE #H</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZELLER, KAREN</b>	
STREET ADDRESS	<b>1500 LAKE CRYSTAL DR #H</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
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 type="checkbox"/> Addition
NAME	<b>MARSH, DONALD</b>	<b>Address</b>
STREET ADDRESS	<b>206 Sparrow Dr # 2</b>	
CITY-ST-ZIP	<b>Royal Palm Beach, FL 33411</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSH, KAREN</b>	<b>Home Address</b>
STREET ADDRESS	<b>206 # 2 Sparrow Dr.</b>	
CITY-ST-ZIP	<b>Royal Palm Beach, 33411 Florida</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)