

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90125 031 ***150.00

DOCUMENT # P99000073368

1. Entity Name

DC HOMES, INC.

Principal Place of Business

Mailing Address

~~1150 E. PLANT ST., SUITE F~~
~~WINTER GARDEN FL 34787~~

~~1150 E. PLANT ST., SUITE F~~
~~WINTER GARDEN FL 34787-2922~~

2. Principal Place of Business

3. Mailing Address

1408 Clara Morris Ave

1408 Clara Morris Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mt. Dora, FL

Mt. Dora, FL

Zip

Zip

Country

Country

32757

USA

32757

USA

4. FEI Number

59-3592196

Applied For

Not Applicable

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

FLYNN, DONALD E

~~1150 E. PLANT ST., SUITE F~~
~~WINTER GARDEN FL 34787~~

Name

Donald E. Flynn

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

1408 CLARA MORRIS Ave.

City

MT DORA

FL

Zip Code

32757

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/S
DONALD E. FLYNN
2729 Maywood St.
Eustis, FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Date

Daytime Phone #

Donald E. Flynn 4/25/00 352-735-4822