

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91783 030 \*\*\*150.00

0601248 AV

**DOCUMENT # P99000073368**

1. Entity Name  
**DC HOMES, INC.**



Principal Place of Business  
~~76 8TH STREET~~  
**WINTER GARDEN FL 34787**

Mailing Address  
~~76 8TH STREET~~  
**WINTER GARDEN FL 34787**

**11041502**



2. Principal Place of Business

3. Mailing Address

**6140 Edgewater Dr.**

**6140 Edgewater Dr.**

Suite, Apt., etc.

Suite, Apt., etc.

**Suite J**

**Suite J**

City & State

City & State

**Orlando, FL**

**Orlando, FL**

Zip

Country

Zip

Country

**32810**

**USA**

**32810**

**USA**

☒ CHECK HERE IF MAKING CHANGES

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**  
**76 8TH STREET**  
**WINTER GARDEN FL 34787**

Name

**Darden, Charles**

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

**6003 - C Winegard Rd.**

City

**Orlando**

FL

Zip Code

**32809**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Donald E. Flynn*  
**DONALD E. FLYNN**

(NOTE: Registered Agent signature required for this filing)

*Charles Darden*  
**CHARLES DARDEN**

DATE

**4/28/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, DONALD E	
STREET ADDRESS	2729 MAYWOOD ST.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DARDEN, CHARLES	
STREET ADDRESS	873-VERONICA CIRCLE	
CITY-ST-ZIP	OCOE FL 34761	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON FLYNN	
STREET ADDRESS	2729 MAYWOOD ST.	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARDEN, CHARLES	
STREET ADDRESS	6003 - C Winegard Rd.	
CITY-ST-ZIP	ORLANDO, FL 32809	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald E. Flynn*  
**DONALD E. FLYNN**

**4/28/03**

**407-270-1228**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)