

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/3

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90027 046 \*\*\*150.00

**DOCUMENT # P99000075932**

1. Entity Name  
**D-T COMMUNICATIONS, INC.**

Principal Place of Business      Mailing Address  
 7335 HENRY ST.      P.O. BOX 5103  
 ENGLEWOOD FL 34224      ENGLEWOOD FL 34224-0103

*↑ SAME*      *↑ SAME*

**7335 Henry Street**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**5103 P.O. BOX**

City & State      City & State

**Englewood, FL      Englewood, FL**

4. FEI Number      Applied For  
 65-0942677      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**USA**      **USA**

6. Name and Address of Current Registered Agent

**BRONSON, CHRISTINE T**  
**7335 HENRY ST.**  
**ENGLEWOOD FL 34224**



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 tax filing requirement and elects to do so.  **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	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	BRONSON, CHRISTINE T	NAME	
STREET ADDRESS	7335 HENRY ST.	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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"/>
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"/>
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"/>
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: Christine T. Bronson      Date: 1/27/00      Daytime Phone #: (941) 493-7153