

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90047 025 ***150.00

80084426

DOCUMENT # P99000061619

1. Entity Name
DNT DEVELOPMENT, INC.

Principal Place of Business Mailing Address
871 EAST COMMERCIAL BLVD. 871 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL FT. LAUDERDALE, FL
33334 33334

2. Principal Place of Business 3. Mailing Address
2505 SECOND AVE. P.O. Box 2030
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#400
 City & State City & State
SEATTLE, WA SEATTLE, WA
 Zip Zip Country
98121 98111 USA

DO NOT WRITE IN THIS SPACE


4. FEI Number Applied For
91-2002791 Not Applicable

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

6. Name and Address of Current Registered Agent
BILLIE DECOTIS
871 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent
 Name **BILLIE DECOTIS**
 Street Address (P.O. Box Number is Not Acceptable)
5300 NO. FEDERAL HIGHWAY
 City **FT. LAUDERDALE** FL Zip Code **33308**

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  **BILLIE DECOTIS** DATE **4-25-2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

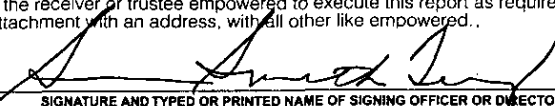
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D V T
STREET ADDRESS		STREET ADDRESS	BILLIE DECOTIS
CITY-ST-ZIP		CITY-ST-ZIP	5300 NO. FEDERAL HIGHWAY
			FT. LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	O P S
STREET ADDRESS		STREET ADDRESS	SUSAN SMITH TERRY
CITY-ST-ZIP		CITY-ST-ZIP	2505 SECOND AVE. #400
			SEATTLE, WA 98121
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> 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.

SIGNATURE:  **SUSAN SMITH TERRY** DATE **4-23-2000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)