

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90315 005 ***150.00

DOCUMENT # 849713
 1. Entity Name
DBK INVESTMENTS, LIMITED INCORPORATED

00024846



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O SNOOK MOTEL 3033 W GULF DR SANIBEL FL 33957		Mailing Address 1155 METCLAFE ST. STE 2040 MONTREAL. QUE H3-B2W6	
2. Principal Place of Business BREAKERS WEST CONDO APT 4		3. Mailing Address	
Suite, Apt. #, etc. 3041 WEST GULF DRIVE		Suite, Apt. #, etc.	
City & State SANIBEL FLORIDA		City & State	
Zip 33957	Country	Zip	Country

4. FEI Number 59-1784389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOUWERS, THOMAS R 1619 PERIWINKLE WAY STE 102 SANIBEL FL 33957				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City FL		Zip Code	

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DRUMMOND, KEVIN RT 202 HAVELock QUEBEC JOS 2C0	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRUMMOND, DEREK A 4373 MONTROSE AVE WESTMOUNT QUEBEC H3Y 2B2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRODEUR, BARBARA 565 ROSLYN AVE WESTMOUNT QUEBEC H3Y 2T7	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRODEUR, JAMES H 565 ROSLYN AVE WESTMOUNT QUEBEC H3Y 2T7	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, ANNE 4373 MONTROSE AVE WESTMOUNT QUEBEC H3Y 2B2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, MARY RT 202 HAVELock QUEBEC, CANADA JOS 2C0	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: J. Brodeur **JAMES H. BRODEUR** MARCH 5 2001 514 866 1227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)