

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90150 011 \*\*\*150.00

**DOCUMENT # P0000075499**

1. Entity Name  
**MOSAIC DBD, INC.**

Principal Place of Business  
P.O. BOX 611127  
ROSEMARY BEACH FL 32461

Mailing Address  
P.O. BOX 611127  
ROSEMARY BEACH FL 32461

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3674576** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**LAPLANTE, JON DEREK**  
~~6 LITTLE LANE~~  
~~ROSEMARY BEACH FL 32461~~

7. Name and Address of New Registered Agent  
Name **La Plante, Jon**  
Street Address (P.O. Box Number is Not Acceptable)  
~~ROSEMARY BEACH FL 32461~~  
**8 GEORGETOWN AVENUE**  
**ROSEMARY BEACH, FL 32461**  
City **ROSEMARY BEACH** FL Zip Code **32461**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **2-20-03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>LAPLANTE, JON D PRES</b> <del>6 LITTLE LANE</del> <del>ROSEMARY BEACH FL 32461</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LA PLANTE, JON PRES, DIR</b> <b>PO BOX 611127</b> <b>ROSEMARY BEACH, FL. 32461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>TOLAR, BRUCE B</del> <del>3116 BREEZY HILL LANE</del> <del>OCEAN SPRINGS MS 39564</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY, DIRECTOR</del> <del>LA PLANTE, JON CLAIPE</del> <del>P.O. Box 61127</del> <del>ROSEMARY BEACH, FL. 32461</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. P., DIRECTOR</b> <b>BRADLEY, STEVEN</b> <b>P.O. Box 61127</b> <b>ROSEMARY BEACH, FL. 32461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>BRADLEY, LOA;</b> <b>P.O. Box 61127</b> <b>ROSEMARY BEACH, FL. 32461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **2-20-03 (850)231-0850** **Date** **Daytime Phone #**

CR2E034 (10/02)