

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90073 031 \*\*\*150.00

DOCUMENT # P98000043992

1. Entity Name  
**DABI ENTERPRISES, INC.**

Principal Place of Business 417 KOSTNER ST. PORT CHARLOTTE FL 33954	Mailing Address 417 KOSTNER ST. PORT CHARLOTTE FL 33938-0085
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**948433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3559 diamond Ave. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 380085 Suite, Apt. #, etc.
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City & State North Port FL	City & State Murdock FL	4. FEI Number 65-0834964	Applied For Not Applicable
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Zip 34287	Country Sarasota	Zip 33938	Country Charlotte	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONTGOMERY, DAN 417 KOSTNER ST. PORT CHARLOTTE FL 33954	7. Name and Address of New Registered Agent Name Billie J Bass Street Address (P.O. Box Number is Not Acceptable) 3559 Diamond Ave. City North Port FL Zip Code 34287
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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 J. Bass *Billie J. Bass* 2/8/00  
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) <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTGOMERY, DAN 417 KOSTNER ST. PORT CHARLOTTE FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Montgomery, Dan 3559 Diamond Ave North Port FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, BILLIE 417 KOSTNER ST. PORT CHARLOTTE FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Billie Bass 3559 Diamond Ave North Port, FL 34287 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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: Billie J. Bass *Billie J. Bass* 2/8/00 941-429-0441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR E034 (9/99)