2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State **DOCUMENT # 722546** 1. Entity Name 04-17-2002 90095 019 ****61.25 DBAC, INC. Mailing Address Principal Place of Business 200 N. FIRST ST. 200 N. FIRST ST. COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2028399 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RIGERMAN, MARILYB A 200 NORTH FIRST STREET COCOA BEACH FL 32931 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) - Addition TITLE TITL F ☐ Delete Corinne Roy vendetto. Elizabeth NAME NAME 3800 Ocean Beach Blud STREET ADDRESS 3820 OCEAN BEACH BLVD #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 Change **■**Addition 3 TITLE Delete TITLE CARLSON, SUE NAME NAME 3820 OCEAN BEACH BLVD #1 STREET ADDRESS b Ocean STREET ADDRESS Bound Blue CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-7IP Change SD_____ - Addition Delete TITLE BALLEW, JUANITA NAME 3820 OCEAN BEACH BLVD 3 pto Ocean Beach Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE KEURNS, JAMES NAME 3820 OCEAN BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, 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.

FILED

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date