

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90946 030 \*\*\*150.00

**DOCUMENT # 370034**

1. Entity Name  
**D. L. B. CORP.**



Principal Place of Business  
**EXECUTIVE PLAZA  
4406 SOUTH FLORIDA AVE., SUITE 22G  
LAKELAND FL 33813**

Mailing Address  
**EXECUTIVE PLAZA  
4406 SOUTH FLORIDA AVE., SUITE 22G  
LAKELAND FL 33813**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1365946**

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

**DANKO, WILLIAM  
4406 S. FLA. AVE., STE. 22G  
LAKELAND FL 33813**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANKO, WILLIAM	
STREET ADDRESS	4406 SO. FLA. AVE., STE. 22G	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DANKO, ISABEL	
STREET ADDRESS	4406 S. FLA. AVE., STE. 22G	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, RUTH	
STREET ADDRESS	4406 SO. FLA. AVE. STE. 22G	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4406 SO. FLA AV	
STREET ADDRESS	LAKELAND - FLA	
CITY-ST-ZIP	33813	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4406 SO. FLA AV	
STREET ADDRESS	LAKELAND, FLA	
CITY-ST-ZIP	33813	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4406 SO. FLA AV	
STREET ADDRESS	LAKELAND, FLA	
CITY-ST-ZIP	33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*William Danko*  
**WILLIAM DANKO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/03*  
**4/20/03**  
Date

*863-648-2070*  
**863-648-2070**  
Daytime Phone #

CR2E034 (10/02)