

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

Principal Place of Business

Mailing Address

~~C/O SNOOK MOTEL~~
~~3033 W GOLF DR~~
~~SANIBEL FL 33957~~

1155 METCLAFE ST.
 STE 2040
 MONTREAL, QUE H3-B2W6

00024846

2. Principal Place of Business

3. Mailing Address

BREAKERS WEST CONDO APT 44

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3041 WEST GOLF DRIVE

City & State

City & State

SANIBEL FLORIDA

Zip

Country

Zip

Country

33957

4. FEI Number

59-1784389

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUWERS, THOMAS R
1619 PERIWINKLE WAY STE 102
SANIBEL FL 33957

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.

SIGNATURE

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) ☐

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 **PD** ☐ Delete
 NAME **DRUMMOND, KEVIN**
 STREET ADDRESS **RT 202 HAVELOCK**
 CITY-ST-ZIP **QUEBEC JOS 2C0**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **DRUMMOND, DEREK A**
 STREET ADDRESS **4373 MONTROSE AVE**
 CITY-ST-ZIP **WESTMOUNT QUEBEC H3Y 2B2**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BRODEUR, BARBARA**
 STREET ADDRESS **565 ROSLYN AVE**
 CITY-ST-ZIP **WESTMOUNT QUEBEC H3Y 2T7**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **BRODEUR, JAMES H**
 STREET ADDRESS **565 ROSLYN AVE**
 CITY-ST-ZIP **WESTMOUNT QUEBEC H3Y 2T7**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DRUMMOND, ANNE**
 STREET ADDRESS **4373 MONTROSE AVE**
 CITY-ST-ZIP **WESTMOUNT QUEBEC H3Y 2B2**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DRUMMOND, MARY**
 STREET ADDRESS **RT 202 HAVELOCK**
 CITY-ST-ZIP **QUEBEC, CANADA JOS 2C0**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. BRODEUR

MARCH 5 2001

Date

514 866 1227

Daytime Phone #

CR2E034 (10/00)