FROM : Joslin & Hershkowitz, P.A. TEL: 727 343 3539

4/24/2001 2:42 PM

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90405 037 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005269

1. Entity Name

D.G.B., Inc.

Principal Place of Business / Mailing Address

509 DAVIS ROAD
CHELTENHAM PA 19012

C0068714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1806 NE Jensen Bch Blvd	1806 NE Jensen Bch Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jensen Beach, FL	City & State: Jensen Beach, FL
Zip: 34957 Country: USA	Zip: 34957 Country: USA

4. FEI Number: 23-2207554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Nancy Manochio
1806 NE Jensen Beach Blvd
Jensen Beach, FL 34957

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.

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: P/S/T/D ☐ Delete		TITLE	[X] Change ☐ Addition
NAME: Barry Brown		NAME	
STREET ADDRESS: 509 Davis Rd		STREET ADDRESS	
CITY-ST-ZIP: Cheltenham, PA 19012		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Barry Brown Barry Brown 4/24/01 215-355-7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

S1F FL32381F.1