

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F66579**

Entity Name

D & B STORAGE SHEDS, INC.**FILED****00 MAR 20 PM 12:37**

Principal Place of Business

S. FLORIDA AVE.
TALLAHASSEE FL 34450

Mailing Address

P. O. BOX 1045
INVERNESS FL 34451-1045
USSECRETARY OF STATE
TALLAHASSEE, FLORIDA
00025005

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2184177**Appl
Not A

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FITZPATRICK, RICHARD S.
213 N APOPKA AVE.
INVERNESS FL 32650**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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.

David Laperle **DAVID LAPERLE****8/23/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** Added to**OFFICERS AND DIRECTORS**☐ Delete**P**
LAPERLE, DAVID R.
MEADOWVIEW TERRACE
HERNANDO FL☐ Delete**ST**
LAPERLE, BRENDA O
MEADOWVIEW TERRACE
HERNANDO FL☐ Delete**12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**☐ Change

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 12 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/10**352-26-2483**