## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 28, 2000 8:00 am DOCUMENT # **F96000005485** 1. Entity Name Secretary of State DBG ENTERPRISES, INC. 01-28-2000 90163 001 \*\*\*150.00 Mailing Address Principal Place of Business 140 S. LOCUST, THIRD FLOOR 140 S. LOCUST, THIRD FLOOR CENTRALIA IL 62801 **CENTRALIA IL 62801-3533** C0013100 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 37-1011196 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STATE OFFICERS AND DIRECTORS 11. 12. CP 3 ☐ Addition ☐ Delete TITLE C/P/DXX Change TITLE NAME GEARY, D. BRUCE NAME STREET ADDRESS STREET ADDRESS 1628 E. MCCORD CITY-ST-ZIP CITY-ST-ZIP **CENTRALIA IL 62801** XX Addition S VCS Delete ☐ Change TITLE TITLE ROGERS, C.E. NAME Donna Pierce NAME STREET ADDRESS STREET ADDRESS 426 E. SECOND 12133 E. Violet Rd. CITY-ST-ZIP CITY-ST-ZIP CENTRALIA IL 62801 Mt. Vernon, IL ☐ Addition Change 🔀 Delete TITLE .TITLE MCINTIRE. STEVE NAME NAME 902 CHIPWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CENTRALIA IL 62801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GEARY, JANICE J NAME NAME STREET ADDRESS STREET ADDRESS 1628 E. MCCORD CITY-ST-ZIP CITY-ST-7IP **CENTRALIA IL 62801** Change ☐ Addition ☐ Delete TITLE TITLE SALISBURY, IRA KAYE NAME NAME STREET ADDRESS STREET ADDRESS 1421 STATE ROUTE 161 CITY-ST-ZIP CITY-ST-ZIP **CENTRALIA IL 62801** Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP