

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90026 011 ***150.00

DOCUMENT # G95723

1. Entity Name

D.K.B. ENTERPRISES, INC.

Principal Place of Business

545 SEASPRAY AVE
ATLANTIC BEACH FL 32233
US

Mailing Address

PO BOX331458
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business

118 PABLO PT DR

3. Mailing Address

331458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

ATLANTIC BEACH FL

Zip

32225

Country

DUVAL

Zip

32223

Country

DUVAL

4. FEI Number

59-2405195

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

BERGERON, DONALD K
524 MCCOLLUM CIRCLE
NEPTUNE BCH FL 32236

Name DONALD K. BERGERON

Street Address (P.O. Box Number is Not Acceptable)
118 PABLO PT DR.

City JACKSONVILLE

FL

Zip Code 32233

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 DON BERGERON

Don Bergeron

04/13/01

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 D
NAME BERGERON, DONALD K.
STREET ADDRESS 524 MCCOLLUM CIRCLE
CITY-ST-ZIP NEPTUNE BCH FL 32236 ☒ Delete

TITLE
NAME BERGERON, DONALD K. ☒ Change ☐ Addition
STREET ADDRESS 118 PABLO PT-DR.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE SD
NAME BERGERON, JANICE M
STREET ADDRESS 524 MCCOLLUM CIRCLE
CITY-ST-ZIP NEPTUNE BCH FL 32236 ☒ Delete

TITLE
NAME BERGERON, JANICE M. ☒ Change ☐ Addition
STREET ADDRESS 118 PABLO PT-DR.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: DON BERGERON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Bergeron

Date

Daytime Phone #

4/13/01 904-631-4753

CR2E034 (10/00)