

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90431 001 \*1,050.00

**DOCUMENT # J02981**

1. Entity Name  
**DABI, INC.**

Principal Place of Business	Mailing Address
375 DOUGLAS AVE. STE 2006 ALTAMONTE SPRINGS FL 32714 US	375 DOUGLAS AVE STE 2006 ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business <b>1033 Augustus Lane</b>	3. Mailing Address <b>1033 Augustus Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Mount Dora, FL</b>	City & State <b>Mount Dora, FL</b>
Zip <b>32757</b>	Zip <b>32757</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-2644128</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GEYS, LOUIS**  
**375 DOUGLAS AVE**  
**STE 2006**  
**ALTAMONTE SPGS. FL 32714**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>1033 Augustus Lane</b>
City & State	<b>Mount Dora FL</b>
Zip Code	<b>32757</b>

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 \_\_\_\_\_

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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>GEYS, LOUIS</b>	
STREET ADDRESS	<b>375 DOUGLAS AVE STE 2006</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1033 Augustus Lane</b>	
CITY-ST-ZIP	<b>Mount Dora, FL 32757</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Louis Geys** 4/23/01 352-735-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)