

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90006 039 \*\*\*150.00

**DOCUMENT # J21071**  
 1. Entity Name  
**D.V.B. DEVELOPMENT CORPORATION**

Principal Place of Business % DOUGLAS R. GIRVIN SUITE 501, 1001 NORTH US HIGHWAY ONE JUPITER FL 33477 US	Mailing Address % DOUGLAS R. GIRVIN 1001 NORTH U.S. HIGHWAY ONE, SUITE 501 JUPITER FL 33477 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Gary Van Brock Suite, Apt. #, etc. 150 N US Highway One, Suite 5	3. Mailing Address c/o Gary Van Brock Suite, Apt. #, etc. 150 N US Highway One, Ste.5
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City & State Tequesta, FL	City & State Tequesta, FL
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4. FEI Number 59-2716759	Applied For <input type="checkbox"/> Not Applicable
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Zip 33469	Country USA	Zip 33469	Country USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**GIRVIN, DOUGLAS R.**  
**SUITE 701 THE HAAS BUILDING**  
**1001 NORTH U.S. HIGHWAY ONE**  
**JUPITER FL 33477**

7. Name and Address of New Registered Agent  
 Name  
**Gary Van Brock**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 N US Highway One, Suite 5**  
 City **Tequesta** **FL** Zip Code **33469**

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 *Gary Van Brock* **Gary Van Brock, President** 04/05/01  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN BROCK, GARY 11991 SE TIFFANY WAY TEQUESTA FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, SUSAN 3925 W 43RD ST CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DORNER, GREGG H 3925 W 43RD ST CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gary Van Brock* **Gary Van Brock** 04/05/01 (561)743-6760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)