

2001 UNIFORM BUSINESS REPORT (UBR)

003130 AB

DOCUMENT # L00000011279

1. Entity Name
DSB, L.L.C.

FILED

01 FEB -2 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% CHARLES A. DONOHUE PO BOX 1016
33 INDIAN ROCK ROAD SALEM NH 03079
WINDHAM NH 03087

2. Principal Place of Business 3. Mailing Address
103 Stiles Road PO Box 1016
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Salem, NH Salem, NH
Zip Country Zip Country
NH 03079 Rockingham 03079 Rockingham

4. FEI Number Applied For
58-2571749 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, STEPHEN W ESQ.
1205 MANATEE AVE., W.
BRADENTON FL 34205

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *THA*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Member Thomas A. Gioseffi PO Box 1016 Salem, NH 03079
Member Charles Donohue PO Box 1016 Salem, NH 03079
Member Michael Pantales PO Box 1016 Salem, NH 03079

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
200003677862--7
-02/13/01--01110--014
*****50.00 *****50.00
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Thomas A. Gioseffi* Thomas A. Gioseffi 603-893-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)