

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0039065

DOCUMENT # L01000012079

1. Entity Name

D.B.B. PROPERTIES, LLC

03-29-2002 90800 017 *****55.00

Principal Place of Business

Mailing Address

**JEFFREY S. SCHELLING, P.A.
 800 SEAGATE DR., STE. 304
 NAPLES FL 34103**

**P.O. BOX 9124
 NAPLES FL 34101**

2. Principal Place of Business

3. Mailing Address

DANIEL BARONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2050 YAHLE ST #5

City & State

City & State

NAPLES, FL.

Zip

Country

Zip

Country

34109

USA

4. FEI Number

59-3734643

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHELLING, JEFFREY S P.A.
 800 SEAGATE DR., STE. 304
 NAPLES FL 34103**

Name

DANIEL BARONE

Street Address (P.O. Box Number is Not Acceptable)

3011 70th ST. SW.

City

NAPLES

FL

Zip Code

34105

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

Daniel Barone

DANIEL BARONE, President 3-16-02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BARONE, BERNARD J
 P.O. BOX 9124
 NAPLES FL 34101** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT
 DANIEL BARONE
 3011 70th ST. SW
 NAPLES, FL. 34105** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

MANAGER

3-16-02

94-649-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)