

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05302

1. Entity Name
DB GROUP, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90342 004 ***150.00

Principal Place of Business
WOODWARD, PIRES. & LOMBARDI, P.A.
801 LAUREL OAK DRIVE SUITE 710
NAPLES FL 34108
US

Mailing Address
WOODWARD, PIRES & LOMBARDI, P.A.
801 LAUREL OAK DRIVE SUITE 710
NAPLES FL 34108
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 Tamiami Trail N.
Suite, Apt. #, etc.
Suite 200
City & State
Naples, FL

3. Mailing Address
3200 Tamiami Trail N.
Suite, Apt. #, etc.
Suite 200
City & State
Naples, FL

4. FEI Number 65-0137484
Applied For
Not Applicable

Zip Country
34103 Collier

Zip Country
34103 Collier

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOODWARD, MARK J.
C/O WOODWARD, PIRES, & LOMBARDI, P.A.
801 LAUREL OAK DRIVE SUITE 710
NAPLES FL 34108

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3200 Tamiami Trail N., Suite 200
City Zip Code
Naples FL 34103

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 _____
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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MELVIN R		NAME		
STREET ADDRESS	538 SANDER DR		STREET ADDRESS		
CITY-ST-ZIP	HAMILTON OH 45013		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ANN		NAME		
STREET ADDRESS	538 SANDER DR		STREET ADDRESS		
CITY-ST-ZIP	HAMILTON OH 45013		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DARRELL G.		NAME		
STREET ADDRESS	1041 S COLLIER BLVD, #401		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BONNIE M.		NAME		
STREET ADDRESS	1041 S COLLIER BLVD, #401		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Darrell G. Brown 1/23/01 941-394-7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)