2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L14643 1. Entity Name DBR & ASSOCIATES, INC. Principal Place of Business Mailing Address 8011 MERRILL RD 8011 MERRILL RD **STE 18 STE 18** JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name REGISTER, DOUGLAS B. Street Address (P.0 8011 MERRILL RD **STE 18** JACKSONVILLE FL 32277 8. The above named entity submits this statement for the purpose of changing its registered office or registered

Signature, typed or printed name of registerod agent and title if applicable

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

REGISTER, DOUGLAS B.

JACKSONVILLE FL

REGISTER, JANINE H

JACKSONVILLE FL

8011 MERRILL RD STE 18

8011 MERRILL RD STE 18

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90039 044 ***158.75

								
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				DO NOT WRI				
		4. Fi	4. FEI Number 59-2969249 Applied For					olied For
	Country		CO					Applicable
			Certificate of Status Desired Fee Required Name and Address of New Registered Agent					
	Name							
Street Address (P.O. Box Number is Not Acceptable)								
	City					· -	Zip Code	
	City						ZIP CODE	;
g its	s registered office or re	egistered age	ent, or both,	, in the State of F	lorida.			
FON)	TE: Registered Agent signature	required when re	instating)		DAT	E		
, 20	!!! FEE IS \$150.00 001 Fee will be \$55 ble to Department of	0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees					
	12.	AD	DITIONS/C	HANGES TO OF	FICERS A			
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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 eath; 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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE

11.

TITLE

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CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP TITLE

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(See criteria on back)

Janine H. Register, Corporate Secretary

2/23/2001

(904) 743-0169