

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90435 039 ***150.00

DOCUMENT # L30491

1. Entity Name
DATA BASE OF NORTH FLORIDA, INC.

Principal Place of Business

11306 CREEK DRIVE
ALACHUA FL 32615
US

Mailing Address

P.O. BOX 2108
ALACHUA FL 32616
US

2. Principal Place of Business

25918 N. STATE ROAD 121

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

4. FEI Number

59-2974002

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

ALACHUA, FL 32616

Country

USA

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

6. Name and Address of Current Registered Agent

ROEPE, CARL W
11306 TURKEY CREEK
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

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

25918 N. STATE ROAD 121

City

ALACHUA

FL

Zip Code

32615

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-2002

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, 2002 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	PCDS	<input type="checkbox"/> Delete
NAME	ROEPE, CARL W.	
STREET ADDRESS	283 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ROEPE, REBECCA G	
STREET ADDRESS	283 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25918 N. STATE ROAD 121
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25918 N. STATE ROAD 121
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-2002 386-418-2250

CR2E034 (9/01)