

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90200 009 ***150.00

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DOCUMENT # L48396

1. Entity Name

D.K.B. CORPORATION



Principal Place of Business

C/O DENNIS K. BARNCORD, SR.

~~P O BOX 203~~ **P O BOX 660233**
CHULUOTA FL 32766

Mailing Address

PO BOX 660233

~~P O BOX 203~~
CHULUOTA FL 32766
US

2. Principal Place of Business

3. Mailing Address

P O BOX 660233

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHULUOTA FL

Zip

Country

Zip

Country

32766 USA

4. FEI Number

59-2991779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNCORD, DENNIS K., SR.
421 LAKE MILLS ROAD
CHULUOTA FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BARNCORD SR, DENNIS K**
STREET ADDRESS **114 7TH ST**
CITY-ST-ZIP **CHULUOTA FL**

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

TITLE **VP** ☐ Delete
NAME **BARNCORD, DENNIS K JR**
STREET ADDRESS **114 7TH ST**
CITY-ST-ZIP **CHULUOTA FL 32766**

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

TITLE **ST** ☐ Delete
NAME **BARNCORD, GRETA A**
STREET ADDRESS **114 7TH ST**
CITY-ST-ZIP **CHULUOTA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GRETA BARNCORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 407-365-8385
Date Daytime Phone #

CR2E034 (10/02)