2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L73699** May 11, 2000 8:00 am Secretary of State 1. Entity Name 12 DBMB, INC. 05-11-2000 90090 001 ***450.00 Principal Place of Business Mailing Address % JEFFREY C. SHANNON % JEFFREY C. SHANNON 501 E. KENNEDY BLVO., SUITE 1700 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602-5239 TAMPA FL 33601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3015464 Not Applicable Zip Zip Country **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SHANNON, JEFFREY C. Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD. **SUITE 1700 TAMPA FL 33602** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STEIN, ALAN M. STREET ADDRESS STREET ADDRESS 17 AUTUMN RUN CITY-ST-ZIP CITY-ST-ZIP HOOKSETTE NH ☐ Addition ☐ Delete TITLE ☐ Change TITLE SALTZMAN, ANDREW T. NAME NAME STREET ADDRESS STREET ADDRESS 610 WINTERWOOD DR CITY-ST-7IP CITY-ST-ZIP **EVANSVILLE IN 47715** ☐ Change ☐ Addition ☐ Defete TITI.E TITLE FORRESTEL JR, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 171 DARWIN DRIVE CITY-ST-ZIP SNYDER NY CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BROWN, THEODORE T. NAME NAME STREET ADDRESS STREET ADDRESS 661 WOODBINE WEST DRIVE CITY-ST-7IP CITY-ST-ZIP CARMEL IN Change ■ Addition TITLE TD ☐ Delete TITLE NAME SPECHT, WILLIAM L. NAME STREET ADDRESS STREET ADDRESS 1161 RED MAPLE CIR NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 [] Change ☐ Addition Delete TITLE TITLE SHANNON, JEFFREY C NAME STREET ADDRESS 501 E KENNEDY BLVD S-1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL spling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental epolitis true of the corporation or the eceiver changed, or on an attachment with

Jeffrey C. Shannon

D OR PRIN/ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(813) 228-7411

4-26-00