

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000235

1. Entity Name

DB SQUARED, LLC

Principal Place of Business

Mailing Address

218 WHITEHEAD ST., UNIT 4
KEY WEST FL 33040

218 WHITEHEAD ST., UNIT 4
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Key West FL + Nantuxet

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

218 Whitehead St. Unit #4

218 Whitehead St. Unit #4

City & State

City & State

Key West, FL

Key West, FL

Zip

Country

Zip

Country

33040

USA

33040

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRY, DEBORAH
218 WHITEHEAD ST., UNIT 4
KEY WEST FL 33040

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.

SIGNATURE

Deborah Barry

Deborah Barry

7/05/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

800004488628--3

-07/23/01--01001--006

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
PRES. DAVID BARRY
STREET ADDRESS 218 Whitehead St
CITY-ST-ZIP Key West, FL 33040

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Deborah Barry

7/05/01

35-295-2616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE