

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90266 024 ***150.00

DOCUMENT # M73955

1. Entity Name
D B S ENTERPRISE, INC.



Principal Place of Business
**6278 N FEDERAL HWY
SUITE 403
FORT LAUDERDALE FL 33308
US**

Mailing Address
**6278 N FEDERAL HIGHWAY
403
FT LAUDERDALE FL 33308
US**

2. Principal Place of Business
**2500 Hollywood Blvd.
Suite, Apt. #, etc.
Suite 406**

3. Mailing Address
**28491 Silver Palm Drive
Suite, Apt. #, etc.**

City & State
**Hollywood, FL.
Zip
33020
Country
Broward**

City & State
**Punta Gorda FL.
Zip
33982
Country
Charlotte**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0042545** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIONI, DOMINIC A.
6278 N FEDERAL HWY
403
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Dominic A. Bioni**
Street Address (P.O. Box Number is Not Acceptable)
**28491 Silver Palm Drive
City Punta Gorda FL Zip Code 33982**

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 **Dominic A. Bioni** **2/10/03**
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	PTS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIONI, DOMINIC A.		NAME	28491 Silver Palm Drive	
STREET ADDRESS	6278 N FEDERAL HWY STE 403		STREET ADDRESS	Punta Gorda, FL. 33982	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIONI, DOMINIC A.		NAME	28491 Silver Palm Drive	
STREET ADDRESS	6278 N FEDERAL HWY STE 403		STREET ADDRESS	Punta Gorda, FL. 33982	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Dominic A. Bioni** **2/10/03** **954-785-5455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)