

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M75089

1. Entity Name

DAB OF THE PALM BEACHES, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90048 048 ***150.00

926403



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5360 HYPOLUXO RD
LANTANA FL 33462
US

Mailing Address

P O DWR 3065
LANTANA FL 33465
US

2. Principal Place of Business

6023 Bania Wood Circle

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

Zip

33462

Country

USA

Zip

Country

4. FEI Number 65-0055066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NYE, DAVID D.
5360 HYPOLUXO RD
P O DWR 3065
LANTANA FL 33465

7. Name and Address of New Registered Agent

Name Nye, David D.
Street Address (P.O. Box Number is Not Acceptable)
6023 Bania Wood Circle
City LANTANA FL Zip Code 33462

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 *David D. Nye*

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

(NOTE: Registered Agent signature required when reinstating)

022101

DATE

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	NYE, W. A.	
STREET ADDRESS	5360 HYPOLUXO RD P O DWR 3065 NA	
CITY-ST-ZIP	LANTANA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NYE, D. D.	
STREET ADDRESS	5360 HYPOLUXO RD P O DWR 5065 NA	
CITY-ST-ZIP	LANTANA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MACON, A.	
STREET ADDRESS	5360 HYPOLUXO RD P O DWR 3065 NA	
CITY-ST-ZIP	LANTANA FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	NYE, S. L.	
STREET ADDRESS	5360 JHYPOLUXO RD PO O DWR 3065	
CITY-ST-ZIP	LANTANA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	Nye, D.D.	
STREET ADDRESS	6023 Bania Wood Circle	
CITY-ST-ZIP	LANTANA, FL	
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		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nye, D.D.	
STREET ADDRESS	6023 Bania Wood Circle	
CITY-ST-ZIP	LANTANA, FL	
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: *David D. Nye*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

022101

DATE

561/964-9171

Daytime Phone #

CR2E034 (10/00)