

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000012786

1. Entity Name
DABB ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>24100 TISEO BLVD.</u>		3. Mailing Address <u>24100 TISEO BLVD.</u>	
Suite, Apt. #, etc. <u>8</u>		Suite, Apt. #, etc. <u>8</u>	
City & State <u>PORT CHARLOTTE, FL</u>	City & State <u>PORT CHARLOTTE, FL</u>	City & State <u>PORT CHARLOTTE, FL</u>	City & State <u>PORT CHARLOTTE, FL</u>
Zip <u>33980</u>	Country <u>U.S.A.</u>	Zip <u>33980</u>	Country <u>U.S.A.</u>

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4. FEI Number
59-3628414

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

7. Name and Address of Current Registered Agent

Name WILLIAM R. BROWN, JR.

Street Address (P.O. Box Number is Not Acceptable)
24100 TISEO BLVD. #8

City PORT CHARLOTTE, FL Zip Code 33980

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 William R. Brown, Jr. WILLIAM R. BROWN, JR. 8/14/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/PLT</u> <u>DONNA N. HIGDONA</u> <u>8791 WESTWARD DRIVE</u> <u>NORTH FORT, FL 34286</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>WILLIAM R. BROWN, JR.</u> <u>8791 WESTWARD DRIVE</u> <u>NORTH FORT, FL 34286</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>VINCENT CHEUNG</u> <u>52 MA AN SHAN ROAD</u> <u>JINAN, CHINA 250002</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>WINNIE CHENG</u> <u>52 MA AN SHAN ROAD</u> <u>JINAN, CHINA 250002</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JOSEPH A. McWERNER, JR.</u> <u>317 ALLWORTHY STREET</u> <u>PORT CHARLOTTE, FL 33954</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>FU TING XIN</u> <u>52 MA AN SHAN ROAD</u> <u>JINAN, CHINA 250002</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: William R. Brown, Jr. W. R. Brown JR. 8/14/02 904-623-0344

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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