

# 2001 UNIFORM BUSINESS REPORT (UBR)

0478712

DOCUMENT # P00000079963

1. Entity Name  
**DABRIG CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 12 AM 9:27

Principal Place of Business  
**1659 TREMONT LANE  
WINTER PARK FL 32792-6153**

Mailing Address  
**1659 TREMONT LANE  
WINTER PARK FL 32792-6153**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**175 Towne Center Circle**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Sanford, FL**

City & State

Zip

**32771**

Country

**US**

Country

4. FEI Number

**59-3666421**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WINBURN, DAWN M  
1659 TREMONT LANE  
WINTER PARK FL 32792-6153**

7. Name and Address of New Registered Agent

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

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. (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 ☒ Delete  
NAME **WINBURN, DAWN M**  
STREET ADDRESS **1659 TREMONT LANE**  
CITY-ST-ZIP **WINTER PARK FL 32792-6153**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Winburn, Dawn M**  
CITY-ST-ZIP **1659 Tremont Lane  
Winter Park, FL 32792-6153**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Winburn, Brigitte E.**  
CITY-ST-ZIP **1659 Tremont Lane  
Winter Park, FL 32792-6153**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-7-01**

Date

**407-688-9940**

Daytime Phone #

CR2E034 (10/00)